

**STUDY GROUP APPLICATION**

To apply for a licensed study group with the Centers for Spiritual Living, please complete all of the information on this form, sign it and submit along with the **application/licensing fee of $150** via personal check to: CSL, Attn: Licensing and Credentialing, 573 Park Point Dr, Golden CO 80401

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Group Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Group Director (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Country

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Meeting Location Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want the meeting location listed at csl.org, Find a Study Group? Yes \_\_\_\_ No \_\_\_\_\_

Name of Sponsoring Minister: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Minister’s Center Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If you do not have a sponsoring minister, our office will assist you in finding one.

Please list the study group director’s training in Science of Mind (include specifically the names, dates and locations of any certificated classes taken): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list the name and location of the closest Center for Spiritual Living community:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: Please attach a short one paragraph narrative describing your intention for this study group. Please include your current thoughts on the types of activities you are intending to offer.**

**STUDY GROUP AGREEMENT**

By signing below, I attest to the following:

I understand the purpose of the group I am directing is to introduce the Science of Mind teachings to people who are ready to take charge of their lives.

I agree to abide by all Centers for Spiritual Living policies and procedures.

I agree to properly use all trademarked materials, names and terms owned and licensed by the Centers for Spiritual Living and its affiliate SOMARK.

I agree that the group will not be used to promote any political agenda, legislation or political candidate.

I agree that this group shall not support, encourage, promote, or endorse the practice or use of any other philosophy that is not in alignment with the principles of Science of Mind. This shall not be construed to prohibit educational discussion related to such alternate philosophies.

I agree to communicate regularly with my sponsoring minister, my Regional Support Coordinator and the CSL Office of Member Support and Education, including responding timely to all requests.

I understand that a study group is authorized to host groups that review, study, discuss and practice the principles of the Science of Mind. This includes sponsoring workshops, non-certificated classes and lectures related to Science of Mind. I understand the group is not authorized to conduct church services nor teach CSL certificated classes.

I understand that I am required to renew my study group annually with a renewal fee that is currently $100 and submit an annual license renewal form.

I agree to keep the Centers for Spiritual Living updated on our study group’s contact information needed for publication on the internet and directory.

I understand that the Centers for Spiritual Living will communicate with me on an ongoing basis via email and I will provide an email address that is regularly monitored by the group leader or their designee.

I understand that failure to comply with this agreement will lead to a loss of my license as a study group with the Centers for Spiritual Living.

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_