


The Cursillo Movement

Catholic Diocese of Jackson

**Evangelization / Cursillo
P. O. Box 2248
Jackson, Ms. 39225-2248**

**237 East Amite Street
601-969-1880
FAX 601-960-8455**

Application for Cursillo

The Cursillo, as intended by its founders, is a method of giving those who have a potential for influencing others, a personal encounter with Christ. The Cursillo gives them the desire and tools to bring Christ into their own environment through group reunions with other Cursillistas.

CANDIDATE:

Name _____ / Nickname _____

Address _____ E-Mail Address _____

_____ Zip Code _____ Phone: Home _____ Work _____

Parish _____ [] Male [] Female Age _____ Month and Day of Birth _____

[] Single [] Married [] Divorced [] Widowed [] Separated # of children in family _____ # living at home _____

Pastor _____ Education # years (high school = 12) _____

Employer _____ Job Title _____

Are you a practicing Catholic? [] YES [] NO Are you free to receive the Sacraments? [] YES [] NO

If you are a convert, please give us the year of your conversion _____

Are you a Extraordinary Minister of Holy Communion? [] YES [] NO Minister of the Word? [] YES [] NO

Spouse's Name _____ Has your spouse made a Cursillo [] YES [] NO

If so when _____ Diocese _____

Are there any situations that would require special attention or diet? [] NO [] YES Please explain so that we may accommodate you.

Has anyone explained to you that you'll be given the opportunity to take part in weekly Group Reunion and monthly Ultreya? [] YES [] NO

I have read the above statements and answered all questions honestly and completely. I understand I will be sent a letter giving me the date, place and other pertinent information.

Applicant's Signature _____ Date _____

The  **ursillo Movement Application**

LADIES WEEKEND
Oct. 15-18/2015

Candidate: _____

Pastor:

(Please read and sign.)

I know this applicant and can verify that he/she is free to receive the Sacraments and has the potential to become a leader in Christianity in his or her environment.

Pastor's Signature _____ Date _____

Sponsor:

Name _____ Phone: (H) _____ (W) _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Cursillo # _____ Cursillo location (city, state) _____

Are you in a regular Group Reunion? [] YES [] NO Do you attend Ultreya? [] YES [] NO

How have you prepared your candidate for Group Reunion and Ultreya?

What plans have you made for including your candidate in a specific group reunion?

Why in your opinion, should the applicant make a Cursillo?

Each Cursillo weekend costs the Cursillo Movement **\$300.00** per candidate. It is the sponsor's responsibility to make sure that the applicant is aware of this. Please include a **\$75.00 deposit** with the application. Pastor/Sponsor, partial scholarship is available if needed, please contact a secretariat member.

As a sponsor, you are responsible for guiding this candidate into a Group Reunion and Ultreya for at least six (6) months following the weekend.

I understand my role as a sponsor and will do all I can to assist this candidate in his/her Fourth Day.

Sponsor's Signature _____ Date _____