

  
**The Cursillo Movement**

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**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.

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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 \_\_\_\_\_

**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 \$200.00 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. If help is needed in funding, 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 \_\_\_\_\_

Office Use: Application acknowledged \_\_\_\_\_ Second letter sent \_\_\_\_\_ Applicant called \_\_\_\_\_ Deposit paid [ ] Yes [ ] No