


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

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 \$125.00 per candidate. Even though no one will be turned down because he or she cannot contribute to the cost, it is the sponsor's responsibility to make sure that the applicant is aware of this. Please include a **\$25.00 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