



Do you have any food allergies, special dietary needs, regular medication or chronic medical needs? (If YES to any of these, please provide specific information, we want to accommodate your particular needs.) Yes \_\_\_\_\_ No \_\_\_\_\_ Specific Information \_\_\_\_\_

What are your current activities/special interests? \_\_\_\_\_

Why do you want to attend a Cursillo weekend? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor Name (Print) \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Clergy Name (Print) \_\_\_\_\_

Clergy Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact:** Who should be contacted in case of emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Sponsor's Supplemental Page (attached) is to be mailed along with the Candidate Application to:

Los Angeles Episcopal Cursillo Secretariat

P.O. Box 1386

San Gabriel, CA 91778

Updated December 2009

Candidate Application Page 2 of 2



Candidate's Name \_\_\_\_\_

Sponsor: Please fill out the following information for EACH Candidate you are sponsoring.

Sponsor's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Best

Phone to reach you: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Sponsor's Parish \_\_\_\_\_ City \_\_\_\_\_

**Sponsor's Commitments (PLEASE READ CAREFULLY)**

Have you read the Cursillo Library "Sponsorship" booklet? Yes \_\_\_ No \_\_\_

(Your parish representative can obtain a copy for you.)

Have you talked to your Parish Representative about this applicant? Yes \_\_\_ No \_\_\_

Will you support this applicant with prayer? Yes \_\_\_ No \_\_\_

Will you help collect prayer letter palanca if /when this applicant is accepted? Yes \_\_\_ No \_\_\_ (*Letters of love and support from friends, pastor, spouse, kids, etc.*)

Will you complete and return the **Sponsor's Checklist**? (Attached) Yes \_\_\_ No \_\_\_

Is this applicant a practicing Episcopalian? Yes \_\_\_ No \_\_\_

How active is this applicant in parish life? (Describe) \_\_\_\_\_

Does this applicant have serious physical or emotional problems? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Are you active in a Group Reunion? If not, are you willing to either start a Group or furnish your applicant with a group to join? Yes \_\_\_ No \_\_\_

Is your parish active in Ultreya? Will you provide an Ultreya group for your applicant or start an Ultreya at your parish? Yes \_\_\_ No \_\_\_

What is your plan to help this applicant join a Group Reunion? \_\_\_\_\_

What is your plan to help include this applicant in regular Ultreyas after the weekend? \_\_\_\_\_

Sponsor's Supplemental Page (Cont.)

Will you make sure that the fee for the weekend is paid for your applicant? (The fee is \$125, but those who can afford to pay more should consider paying \$150 to \$175. The actual cost of organizing and running Cursillos averages about \$140 per person per weekend.)

(A group of individuals or families may join together to provide funds.) Yes \_\_\_ No \_\_\_

Whether by yourself, or with others, will you arrange for dinner and transportation to and from the weekend for your candidate? Yes \_\_\_ No \_\_\_

Will you make sure that your candidate(s) arrive(s) for the weekend on Thursday at 7 PM?

Yes \_\_\_ No \_\_\_

Will you assist with any candidate's family needs, if necessary, during the weekend?

Yes \_\_\_ No \_\_\_

Send the Sponsor's Supplemental Page along with the Candidate Application to:

Los Angeles Episcopal Cursillo Secretariat

P.O. Box 1386

San Gabriel, CA 91778

Updated December 2009

Sponsor's Supplemental Page – Page 2 of 2

# Sponsor's Checklist


(To be returned to Secretariat not more than 60 days after the Candidate's Cursillo.)

Candidate's Name

\_\_\_\_\_

Sponsor's Name

\_\_\_\_\_

Have you shared all needed information about the weekend with this Candidate? Yes \_\_\_ No \_\_\_

Have you taken action to take care of any special needs for this Candidate? Yes \_\_\_ No \_\_\_

Have you gathered the recommended palanca prayer letters for this Candidate? Yes \_\_\_ No \_\_\_

Have you supported this Candidate at Clausura and Mañanitas? Yes \_\_\_ No \_\_\_

Have you planned a Fourth Day for your Candidate with your parish and Cursillo community?

Yes \_\_\_ No \_\_\_

Have you made sure that your Candidate is in a Group Reunion? Yes \_\_\_ No \_\_\_

Have you assisted your Candidate in joining a regular Ultreya? Yes \_\_\_ No \_\_\_

Do you continue to support this Candidate with prayer and contact? Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes to Servant Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit this Checklist (60 days from Candidate's Cursillo Weekend) to:

Los Angeles Episcopal Cursillo Secretariat

P.O.Box 1386

San Gabriel, CA 91778

Attention: Servant Community Liaison