



Diocese of Phoenix Cursillo Application Instructions

- 1. Sponsor and candidate fill out the application together.**
 - a. It's important to work together on the application, carefully reviewing every section and making sure each part is completed clearly and neatly. If you prefer, you can type information directly into the boxes, check the checkboxes in the fillable application file and then save your changes. If an individual prefers not to use the fillable form, they can download it and fill it out by hand with a pen. The written document must be scanned before you can proceed to the next step.

- 2. The completed and signed application is sent as an attachment to an email to applications@phoenixcursillo.com with a copy to precursillo@phoenixcursillo.com.**

- 3. The Pre-Cursillo team will review for completeness and ensure there are no questions.**
 - a. The Movement must ensure that all information is clear and understandable to better serve the candidate during their weekend. The section on sacraments must be accurate and reflect current circumstances, and health and emergency contact information assists the team in making sure the candidate is safe during their weekend. To ensure progress on the application, maintaining clear communication is essential whenever questions arise.

- 4. Provided that all requirements are present and there are no outstanding questions, the application will be approved, subject to availability for the requested weekend.**

- 5. The Pre-Cursillo team will send a confirmation email to the candidate and sponsor. If the candidate's parish has a Cursillo Representative, they will also be included in the email copy.**
 - a. The confirmation email will share important details about the weekend, such as dates and preparation information for the candidate and sponsor.

For additional information, please visit www.phoenixcursillo.com



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Please TYPE or PRINT legibly. Thank you!

FOR SECRETARIAT USE ONLY	
<input type="checkbox"/> Phoenix Weekend	<input type="checkbox"/> Northern AZ Weekend
<input type="checkbox"/> Application Complete	<input type="checkbox"/> Confirmation Letter Sent
<input type="checkbox"/> Sponsor Letter Sent	<input type="checkbox"/> Application Sent to Secretary
Cursillo Number: _____	

APPLICANT INFORMATION						
Last Name	First Name	Birth Date	Age	Sex	Parish	Parish City
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address				City	State	Zip Code
Preferred Phone		Preferred Email		Occupation		
Emergency Contact Name		Emergency Contact Phone		Emergency Contact Name		Emergency Contact Phone
Highest Education Achieved		<input type="checkbox"/> High School/GED <input type="checkbox"/> Trade <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate				
Vocation		<input type="checkbox"/> Lay Person <input type="checkbox"/> Priest <input type="checkbox"/> Seminarian <input type="checkbox"/> Deacon <input type="checkbox"/> Brother <input type="checkbox"/> Sister				

CATHOLIC SACRAMENT STATUS	
Can you receive Holy Communion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
If divorced, have you been given an annulment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If married:	
Full Name of Spouse	
Is it a Catholic Validated Marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse lived a Cursillo weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH INFORMATION			
To help ensure your safety and comfort, please describe any health conditions, medication requirements, or additional essential information the team will need to know.			
Special Diet Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
Food Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
EpiPen Carry Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
Medication Storage Needs? (e.g. refrigeration, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	

Candidate Acknowledgement

Submission of this application does not guarantee attendance. You will receive notification about your assigned Cursillo weekend and details for orientation or preparation through your preferred email address. Your Sponsor, as well as your Parish Representative (if applicable), will also receive notification.

Candidate Name (Print)	Candidate Signature	Signature Date



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Candidate Last Name	Candidate First Name

SPONSOR INFORMATION			
Have you sponsored before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, is there a co-sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: If you have not sponsored before, are working on the team, or made your Cursillo less than one year ago, an experienced co-sponsor to assist is required.</i>			
Is your candidate in communion with the Catholic Church?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How long have you known the candidate you are sponsoring?	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> More than 5 years		
What do you see in the candidate that prompts you to recommend for a Cursillo Weekend.			
Are you willing to walk with your candidate for at least one year following their Cursillo weekend to reinforce the life-long Cursillo method? (e.g. grouping, Ultreyas, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	This is a vital duty of the Sponsor!		
If your parish has a Cursillo Parish Representative, have you notified them of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Endorsement and Agreement

I/we attest that the information on this application is correct to the best of my/our knowledge, and I/we have read and agree to honor the guidelines on sponsoring a candidate.

Sponsor Name	Sponsor Signature	Signature Date
Sponsor Phone	Sponsor Email	Sponsor Parish
Co-Sponsor Name	Co-Sponsor Signature	Signature Date
Co-Sponsor Phone	Co-Sponsor Email	Co-Sponsor Parish

Submission Instructions

The **sponsor** must submit a **completed** application to: applications@phoenixcursillo.com and copy to precursillo@phoenixcursillo.com.