

**MASSACHUSETTS EPISCOPAL CURSILLO MINISTRY
CANDIDATE'S APPLICATION**

***IMPORTANT: PLEASE TYPE OR PRINT CLEARLY, COMPLETING AND GIVING
THIS APPLICATION TO YOUR SPONSOR WHO WILL SUBMIT IT ALONG
WITH THEIR APPLICATION AND THE CLERGY FORM AS A
COMPLETE PACKAGE FOR PROCESSING.***

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NOTE: The weekend cost is \$290.00. You may pay in full or send a \$100.00 deposit (\$25.00 non-refundable) with this application and pay \$190.00 when registering. Please make checks payable to MECM (Massachusetts Episcopal Cursillo Ministry). The dates for the next Cursillo Weekend are November 16 – 19, 2023. The Weekend lasts from Thursday, 7:00pm - Sunday, 5:00pm. You will be notified of other details of the Weekend after your application has been processed.

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Name _____ Gender M F Date of Birth _____

Name to be called _____ Sponsor's Name _____

Address _____
Street City/Town State Zip

Phones: Home _____ Cell _____

Email _____

Marital Status _____ Occupation _____

Parish _____

Pastor _____ Religious Affiliation _____

Approximate Date of Baptism _____

In What Christian or Leadership Activities have you been involved? _____

Please Answer the Following Questions, Using Additional Sheets if Necessary:

1. Please make a statement about the status of your physical and mental health, including any diet restrictions or disabilities _____

2. Why do you want to make a Cursillo? _____

3. Describe any organized renewal experience you have had. _____

4. Has your Sponsor explained Cursillo and involvement after the Weekend to you and to your spouse / S.O. (if applicable)? ___Yes ___No

5. Has your spouse / S.O. made Cursillo ___Yes ___No

If yes, where and when? _____

Note to Candidate, Sponsor, and Pastor: The Following Items MUST Be Completed.

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Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____

Co-Sponsor's Signature _____ Date _____

Pastor's Signature _____ Date _____

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NOTE: ELECTRONIC EQUIPMENT IS NOT WELCOME ON THE WEEKEND. IF YOU MUST BRING YOUR CELL PHONE, PLEASE LEAVE IT TURNED OFF AND IN YOUR ROOM SO AS NOT TO DISTURB OTHERS ON THE WEEKEND.

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FOR OFFICE USE ONLY

Date Application Received _____ Acknowledgement Date _____

Deposit Received _____ Cursillo Date _____

Acceptance Date _____ Sponsor Date Notified _____

MASSACHUSETTS EPISCOPAL CURSILLO MINISTRY
CLERGY FORM

**PLEASE FILL OUT THIS FORM LEGIBLY AND SUBMIT TO THE
SPONSOR FOR PROCESSING.**

Candidate's Name _____

Is this person prepared for a Cursillo Weekend? _____

Have you attended a Cursillo Weekend ? _____

If so, where and when _____

Clergy's Printed Name _____

Clergy's Signature _____ **Date** _____

Address _____

Street

City/Town

State

Zip

Phones: Home _____ **Cell** _____

Email _____

Name of Clergy Parish _____

Address _____

Street

City/ Town

State

Zip