Dear Applicant,

We welcome your application for financial aid from the Catechesis of the Good Shepherd Grant.

The purpose of the Catechesis of the Good Shepherd Grant is to offer a source of financial support to those within the Archdiocese of Kansas City in Kansas who are trying to obtain catechist training, open a CGS atrium, or maintain their current atria. Funds for financial aid come from Archbishop’s Call to Share campaign, which is funded through the generosity of Archdiocesan parishioners. For this reason, grants to assist parish/school sponsored CGS programs in the Archdiocese will be given priority consideration.

Applications are considered in the order they are received. Disbursement of any awarded funds will be made to the parish/school or SonFlower Region of CGS and not to an individual applicant. Also, please understand that grant funds are limited. Thus, grants will only underwrite a portion of the expenses. (See explanations below.)

Types of Grants:

1. Formation Course Tuition Assistance:  *(complete & return pages 3 & 4)*
   a. This grant provides partial tuition for an individual applicant who cannot pay the full cost of the tuition for a course.
   b. The course in which you enroll in must be approved by the National Association of the Catechesis of the Good Shepherd. Approved courses normally will be held in the Archdiocese of Kansas City in Kansas and be led by a CGS Formation Leader recognized by the CGS National Association or sponsored by the SonFlower Region of CGS in order to be considered for funding.

2. Materials and Space:  *(complete & return page 5 & 6 (if needed))*
   a. The materials grant is to be used to purchase a portion of the furnishings/materials necessary for the physical set up of an atrium, e.g. bookcases, chairs and tables, altar, figurines, artwork, religious supplies, etc.
   b. The space grant is to be used to purchase a portion of the materials to convert a space into an atrium, e.g. paint, flooring, sheetrock, etc.

3. National CGS Association Event Attendance Costs:  *(complete & return pages 7 & 8)*
   a. This grant provides partial support for costs (travel, lodging, registration, etc.) associated with attending a CGS National Event.

You must complete ALL sections of the application for the type of grant for which you are applying and have all required signatures. Incomplete applications will not be considered for support.

Applications will be reviewed on a quarterly basis. Completed applications should be submitted no later than five days before the review date and may be emailed to priordan@archkck.org or mailed to the Office of Children’s Catechesis, Att: Pam Riordan, 12615 Parallel Parkway, Kansas City, KS 66109.

**Dates for the 2019-2020 Fiscal Year**

**Submission Dates:** Aug 30th, Nov 30th, Feb 29th, May 30th

**Review Dates:** Sept 5th, Dec 5th, March 5th, June 5th
CGS Application for Formation Course Tuition Assistance Grant

Date: _____________________

Applicant Name: _____________________________________________

Street Address: __________________________________ City: __________ State/Zip: __________

Email address: _______________________________________________

Applicant Phone (Home): __________ (Work): __________ (Cell): __________

Home Parish (Where are you a registered member?): ________________________________

Are you currently serving in a parish/school atrium in the Archdiocese of Kansas City in Kansas? □ YES or □ No

If yes, where ________________________________________________

Are you planning to serve in an atrium while attending this training? □ YES or □ No

If yes, where: __________________________ How? □ catechist or □ aide

CGS Coordinator/Director’s Name: _______________________________ Phone: __________

Email: _________________________________________________________

Course Level (which you are seeking assistance): □ Level I □ Level II □ Level III □Toddler / □Part 1 □Part 2

Course Number: ________________ Course Location: __________________________

Course Dates: ______________________

Course Registrar: __________________________ Registrar’s Phone: __________

Registrar’s Address: __________________________ City: __________ State: _______ Zip: _______

Registrar’s Email Address: _____________________________________________

*Please enclose a copy of your CGS course registration form.

Total Cost of the Course: $_______________

Amount paid by you (including deposits): $_______________

Amount paid by other sources: $_______________

Name(s) of other sources: _____________________________________________

Balance of funds needed: $_______________

Form continues on the next page.

For OCC use only:

Date Received: ____________ Date Reviewed: ____________

Grant Awarded: □ Yes Amount $__________ □ No/Reason: ____________________
Briefly tell us why you’ve chosen this particular training opportunity and what you hope to gain.

How will your parish/school benefit from you taking this training?

Please help us by prayerfully discerning what level of financial aid you need and include below a paragraph that will help us to understand your need. All information is completely confidential.

SIGNATURES:
I, __________________________, understand that if I am awarded a grant and, for any reason, do not complete the training, I am responsible for reimbursing the Archdiocese of Kansas City in Kansas the full amount of the awarded grant. Course attendance will be verified by the SonFlower Region of CGS.

**Applicant’s Signature** ____________________________

**Date** ______________

**Pastor’s Name (print):** ____________________________

**Pastor Signature** ____________________________

**Pastor’s Phone:** ____________________________

**Pastor’s Email:** ____________________________

**CGS Coordinator’s Name (print):** ____________________________

**CGS Coordinator’s Signature:** ____________________________

**Coordinator’s Phone:** ____________________________

**Email:** ____________________________

CGS Application for Financial Assistance Page 4 of 8
CGS Application for Materials Assistance Grant

Date: ________________

Name of Parish / Organization: ______________________________________________________

Mailing Address: ____________________________________________________________________ Parish Phone: ________________

City: _______________________________________ State: __________________ Zip: ________________

Name of person completing application: _______________________________________________

Role: □ Pastor □ DRE □ CGS Coordinator □ Other: ______________________ Email: ________________

Briefly tell us what materials you need and why.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List Items needed and anticipated costs*:

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ______________________________________________ $__________________

Item: ___________________________________________________ $__________________

Item: ___________________________________________________ $___________

GRAND Total for materials: $__________________

Amount parish will pay: $__________________

Remaining funds needed: $__________________

*Receipts or pictures with prices must be attached to this application in order to be considered for funding.

SIGNATURES

Pastor’s Name (print): ___________________________ Pastor Signature: ___________________________

Pastor’s Phone: ___________________ Pastor’s Email: ___________________________

CGS Coordinator’s Name (print): ___________________________ CGS Coordinator’s Signature: ___________________________

Coordinator’s Phone: ___________________________ Email: ___________________________

For OCC use only:

Date Received: ________________ Date Reviewed: ________________

Grant Awarded: □ Yes Amount $___________ □ No/Reason: ___________________________

CGS Application for Financial Assistance Page 5 of 8
Space for additional items (if needed):

Item: ________________________________ $__________________

Item: ________________________________ $__________________

Item: ________________________________ $__________________

Item: ________________________________ $__________________

Item: ________________________________ $__________________

Item: ________________________________ $__________________

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Item: ________________________________ $__________________
CGS Application for National CGS Event Grant

Date: ______________________

Applicant Name: _____________________________________________________________

Street Address: __________________________________ City: ___________ State/Zip:________

Email address: _______________________________________________________________

Applicant Phone (Home): _______________ (Work): _______________ (Cell): ______________

Home Parish (Where are you a registered member?): _______________________________

Are you currently serving in a parish/school atrium in the Archdiocese of Kansas City in Kansas? □ YES or □ No

If yes, where ______________________________________ How? □ catechist or □ aide □ other: _______

Coordinator/CGS Director Name: __________________________________ Phone: _______________

Email: __________________________________________________________________________________

Name of Event (for which you are seeking assistance): _______________________________

Location of Event: ___________________________ City: ______________ State: _______

Event Date(s): _____________________________

Registration Fee for the Event*: $ _____________

Travel Expenses (lodging, airfare, etc): $ _____________

Amount paid by you (including deposits): $ _____________

Amount paid by other sources: $ _____________

Name(s) of other sources: ________________________________

Balance of funds needed: $ _____________

*A copy of your CGS event registration form and all receipts must be attached to this application in order to be considered for funding.

Form continues on the next page.
Briefly tell us why you have chosen this particular training opportunity and what you hope to gain.

How will your parish/school benefit from your attending this event?

**SIGNATURES:**

I, __________________________, understand that if I am awarded a grant and for any reason do not complete the training, I am responsible for reimbursing the Archdiocese of Kansas City in Kansas the full amount of the awarded grant. Course attendance will be verified by the SonFlower Region of CGS.

Applicant’s Signature __________________________________________ Date ________________

Pastor’s Name (print): ___________________________ Pastor Signature __________________________________________

Pastor’s Phone: ___________________________ Pastor’s Email: __________________________________________

CGS Coordinator’s Name (print): ___________________________ CGS Coordinator’s Signature: __________________________

Coordinator’s Phone: ___________________________ Email: __________________________________________