

## *Catechesis of the Good Shepherd (CGS) Application for Financial Assistance*

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](#))
  - 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](mailto: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 2018-2019 Fiscal Year**

**Submission Dates:** Aug 15<sup>th</sup>, Nov 15<sup>th</sup>, Feb 15<sup>th</sup>, May 15<sup>th</sup>

**Review Dates:** Aug 20<sup>th</sup>, Nov 20<sup>th</sup>, Feb 20<sup>th</sup>, May 20<sup>th</sup>



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### 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 /  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's Signature:* \_\_\_\_\_

*CGS Coordinator's Name (print):* \_\_\_\_\_ *CGS Coordinator's Signature:* \_\_\_\_\_

*Coordinator's Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

## 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 \_\_\_\_\_

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: \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount 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 \_\_\_\_\_

CGS Coordinator's Name (print): \_\_\_\_\_ CGS Coordinator Signature: \_\_\_\_\_

Coordinator's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For OCC use only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Grant Awarded:     Yes Amount \$ \_\_\_\_\_     No/Reason: \_\_\_\_\_



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## 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.*

**For OCC use only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Grant Awarded:  Yes Amount \$ \_\_\_\_\_  No/Reason: \_\_\_\_\_



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* \_\_\_\_\_

*CGS Coordinator's Name (print):* \_\_\_\_\_ *CGS Coordinator's Signature:* \_\_\_\_\_

*Coordinator's Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_