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 two weeks 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 2017-2018 Fiscal Year
Submission Dates: Sept 1st, December 1st, March 1st, June 1st
Review Dates: Sept 15th, Dec 15th, March 15th, June 15th
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 Financial Assistance Page 4 of 8
CGS Application for Materials Assistance Grant

Date: _____________________

Name of Parish / Organization: __________________________________________________

Street Address: ___________________________________________________________________

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: __________________________________ _______ $__________________

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: __________________________
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 ___________________________

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

Coordinator’s Phone: ___________________________ Email: ___________________________