

## Cursillo Scholarship Application

A typical Cursillo scholarship is an agreement between the participants, their local Episcopal Church and the Diocese to each pay for **1/3 of the registration fee.**

Scholarships are open to members of Diocese in need of financial support in order To make their Cursillo Weekend

**For Cursillo, 1/3 = \$70.00**



EPISCOPAL  
DIOCESE  
*of West Texas*

It is the applicant's responsibility to **register** for the session first, **complete** the Individual Portion below, **ask** your priest to approve and sign for the church portion, and then **send** this form to Cursillo Registrar:

**by email:** [lisa.wray@dwtx.org](mailto:lisa.wray@dwtx.org), or

**by mail:** Lisa Wray, Cursillo Registrar, c/o Camp Capers, PO Box 9; Waring, TX 78074.

If you have questions, contact the Cursillo Registrar at (830) 995-3966 or Ben Powers, [powers2877@yahoo.com](mailto:powers2877@yahoo.com)

### Individual Portion:

Applicant Name: \_\_\_\_\_ Weekend Attending: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**I hereby certify that the above information is true and accurate the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.**

Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

**Church Portion:** *required if you are asking your church to supply a portion of the scholarship.*

Church Name: \_\_\_\_\_ (City) \_\_\_\_\_

Clergy Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Church Scholarship Amount: \_\_\_\_\_

**I hereby certify that the above information is true and accurate the best of my knowledge and that this application is made in good faith, with no intent to misinterpret the applicant's circumstances.**

Clergy Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

*Office Use Only: please do not write below this line* \_\_\_\_\_ *Date Received:* \_\_\_\_\_

Clergy Signature: [ ] Church Portion Received: [ ] Date: \_\_\_\_\_ Church Portion Applied: [ ]

DWTX Amount Requested \_\_\_\_\_ Approved: Yes [ ] No [ ] Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Applied To Camper Registration: [ ] Date: \_\_\_\_\_ Applicant Notified: [ ] Paid In Full: [ ] Date: \_\_\_\_\_