



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 & 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 2023-2024 Fiscal Year
Submission Dates: April 1st & June 3rd
Review Dates: April 8th & June 10th



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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 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 how and/or 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 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: _____ \$ _____

List additional Items on next page.

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: <input type="checkbox"/> Yes Amount \$ _____ <input type="checkbox"/> No/Reason: _____	



THE ARCHDIOCESE
OF KANSAS CITY IN KANSAS

2021-2022

Space for additional items (if needed):

Item: _____ \$ _____

Item: _____ \$ _____

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.

For OCC use only:	
Date Received: _____	Date Reviewed: _____
Grant Awarded: <input type="checkbox"/> Yes Amount \$ _____ <input type="checkbox"/> 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* _____

Pastor's Phone: _____ *Pastor's Email:* _____

CGS Coordinator's Name (print): _____ *CGS Coordinator's Signature:* _____

Coordinator's Phone: _____ *Email:* _____