

Living Waters Via de Cristo
Application for the Lutheran Spiritual Renewal Movement
Affiliated with the ILIowa Lutheran Coalition

I. Applicant Information (Please PRINT.)

Full Name _____ Age _____ Male/Female _____

Name or Nickname you would like on your name tag _____

Phone Number: Home _____ Cell _____

Email _____

Address _____

City _____ State _____ Zipcode _____

Occupation _____ Work Phone No. _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

If married, your Spouse's Name _____ Cell No. _____

Spouse has _____ will _____ will not _____ attend Via de Cristo or a similar weekend.
Spouses are encouraged to attend consecutive weekends, or the couple's weekend together

Weekend you wish to attend: Fall _____ Spring _____ Year _____

Emergency Contact (not spouse): Name _____ Ph # _____

Please note any special medical needs, dietary needs, physical limitations, or sleeping arrangements needed: _____

> Church Information

Denomination _____ Home Church _____

Church Address _____ City _____

State _____ Zipcode _____ Church Office Phone No. _____

Tell us about your church involvement – activities, positions held, classes, etc:

Applicant's Signature _____

Applicant: Please have your Pastor and your Sponsor fill out the back of this page.

II. Pastor's Information (to be filled in by the pastor.)

Note to the Applicant's Pastor:

This member from your congregation has applied to attend an upcoming Via de Cristo weekend sponsored by the ILIowa Lutheran Coalition. The weekend is designed to provide faith renewal for Christians by grounding them more fully in God's grace and in the disciplines of prayer, study, and service. It is our hope that participants of the weekend will return to their home parishes renewed and better equipped to serve their church as leaders. As such, we expect participants attending the weekend to be active members of their church. Like Marriage Encounter, which seeks to strengthen healthy marriages rather than troubled ones, Via de Cristo is designed to strengthen faith rather than provide spiritual conversion for a struggling Christian. In addition, it is our hope that married persons will attend consecutive weekends so that they may share this very positive experience together. If one partner is unable to attend, but could at a later date, we encourage the couple to wait. If one partner simply does not want to attend a weekend and is unlikely to ever do so in the future, we then wish to know if you, as their pastor, have any concerns about the impact of the weekend on their marriage.

If there are no concerns about your parishioner's involvement in this weekend, we ask for your signature of support. If you have any apprehension, we would appreciate hearing from you in writing. Should you wish to talk to one of our spiritual directors concerning Via de Cristo, please call Pastor Randy Willers (309-292-0881). Thank you for your consideration.

Pastor's Name (please print) _____

As the applicant's pastor, I offer my support and prayers for my parishioner's participation in this opportunity for growth as a Christian leader.

Pastor's Signature _____

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III. Sponsor's Information (to be filled in by the sponsor.)

Name (please print) _____ Home/Cell No. _____

Address _____ City _____ State _____ Zipcode _____

Are you involved with a Reunion Group? _____ Meeting time/day _____

Weekend Number / Date / Location of weekend you attended Via de Cristo or a like weekend:

Sponsor, check all that apply with regard to your candidate:

_____ The Applicant's portion of the application (Part I) is complete.

_____ **Check for deposit of \$50 is attached - payable to Living Water Via de Cristo.**

_____ **Scholarship funds needed to pay balance due for the weekend: _____ \$100 or _____ \$150**

_____ The Applicant's pastor has signed the application (Part II).

_____ I understand upon receipt of this application, Sponsor will be e- or mailed a list of responsibilities.

_____ As Sponsor, I believe this applicant will benefit from a Via de Cristo weekend.

Sponsor's Signature _____ Date _____ Email: _____

> Please mail the completed application with non-refundable deposit to:

**Lisa Vincent
814 Bruce Lane
Princeton, IL 61356
vincentl.zcec@gmail.com
815-876-6370**

Applications w/deposit should be sent as soon as possible.