

## PASTOR'S RECOMMENDATION FORM

| Applicant's Name:   |                           |       |
|---|---------------------------|-------|
| Parish;   |                           |       |
| Pastor name:  |                           |       |
| Address:  | City:                     | State |
| Email address:  | Telephone No.:            |       |
| 1.) How long have you known this is                                   | ndividual?                |       |
| 2.) In what capacity or circumstance                                  | ee?                       |       |
| 3) In your opinion what are the app                                   | olicant's ministry gifts? |       |
| 3.) Please name the strengths you he helpful for the ACTS Spiritual C |                           |       |

ie. listening skills, compassion, etc..

| 4.) Please name anything in this ministry specific   | •  | oncern) which migh   | t limit this individual  |
|--|--|--|--|
| If this individual were a the degree of confidence   |  |  | • , •  |
| □Not recommend   | □Recommend<br>With reservations  | □Recommend   | □Recommend<br>Strongly   |
| 6.) Our Parish communi   | ty and I agree to supp   | ort the student finan  | cially with:   |
| $\Box 100\%$ of the tui  | tion   | % of the tuition   | □33% of the tuition  |
| Upon completion of the at first opportunity as the   |  |  | cement of this individual  |
| Date   |  | Pastor's Signature   |  |
|  |  | Parish   | <del>-</del>   |
| Please return as soon as   | ACTS Spir<br>285 Oblate  | itual Companion Fo   | C  |
| If you have further quest<br>Formation Program (21   |  | se call Director of AC   | CTS Spiritual Companion  |
| To the Applicant: Under the family Educate enroll in the Spiritual Corpogram may review record to obtain confidential recorderight of access may be well please sign below: I will not seek access to the admission. | mpanion Formation Prords pertaining to him of ommendations, which wived. If you wish this re | rogram and is subseq<br>or her alone. If howev<br>will be used for the p<br>ecommendation form | wently admitted to the<br>ver, an applicant wishes<br>urpose of admission, this<br>a to remain confidential, |
|  | App  | licant's Signature   | <u></u>  |