



## Clergy Recommendation Form

Due by January 20, 2017

**To the Applicant:** Please print your name and current school below and give this form to your Parish or Faith community.

Student Name: \_\_\_\_\_

Current School: \_\_\_\_\_

**To the Clergy:** Please complete this form. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor.

**Are the applicant and her family actively involved in the worship life of your community?**  Yes  No

**Please check the activities in your community in which the applicant is involved.** Add any activities you think would be of interest to the Admissions Committee.

- |  |  |
|--|--|
| <input type="checkbox"/> Church youth organization         | <input type="checkbox"/> Lector                                    |
| <input type="checkbox"/> Altar Server/Service Helper       | <input type="checkbox"/> Attends Retreats                          |
| <input type="checkbox"/> Takes Religious Education Classes | <input type="checkbox"/> Assists in Sunday School/Religion Classes |
| <input type="checkbox"/> Other: _____                      |  |

**Please check the activities in your community in which the parent(s) is (are) involved.**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Religious Education | <input type="checkbox"/> Lector                         |
| <input type="checkbox"/> Church Council            | <input type="checkbox"/> Sunday School Religion Teacher |
| <input type="checkbox"/> Eucharistic Minister      | <input type="checkbox"/> Adult Religious Education      |
| <input type="checkbox"/> Youth Advisor             | <input type="checkbox"/> Gives Financial Support        |
| <input type="checkbox"/> Other: _____              |   |

**Overall Recommendation:**

- I recommend this applicant.
- I recommend this applicant with reservations.
- I do not know this applicant well enough to make a recommendation.
- Please call me regarding this applicant. (Phone number: \_\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Parish or Faith Community: \_\_\_\_\_

Please fax this completed form to 916.452.1591, email to [admissions@stfrancishs.org](mailto:admissions@stfrancishs.org), or mail to:

**St. Francis High School Admissions Office • 5900 Elvas Avenue • Sacramento, CA 95819**