

**SECONDARY SCHOOLS
OF THE
ARCHDIOCESE OF SAN FRANCISCO**



**APPLICATION FOR FAMILY GRANT
Clergy Confidential Recommendation Form**

To the Applicant: To be considered for an Archdiocesan Family Grant, **this form must be completed.** Please print your name below and give this form to your church with a stamped envelope addressed to the Admissions Office for each of the schools to which you are applying.

Applicant _____
FIRST NAME INITIAL LAST NAME APPLYING TO GRADE

High School: _____ TADS Ref. #: _____

To the Clergy: Please complete the form below and MAIL or FAX it back to TADS. Be sure to keep a copy for your files. **Please return your completed recommendation by February 9.**

TADS FAX NUMBER: (612) 548-3326
 TADS ADDRESS: 110 N. 5th Street 2nd Floor, Minneapolis, MN 55403

This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor. This recommendation is one component of a comprehensive admissions evaluation, and it may also be used by our financial aid programs in awarding tuition assistance.

Is the family and the applicant involved in worship life of the Church? Please rate their worship commitment on a scale of 1 to 10 with 10 being highest: (Please choose one.)

10
 9
 8
 7
 6
 5
 4
 3
 2
 1

Please check those organizations in your church in which the applicant is involved. Feel free to add any activities you think would be of interest to the Admissions Committee.

- | | | |
|---|---|--|
| <input type="checkbox"/> Church Youth Organization | <input type="checkbox"/> Takes Religious Ed Classes | <input type="checkbox"/> Attends Retreats |
| <input type="checkbox"/> Service Helper/Altar Server | <input type="checkbox"/> Lector | <input type="checkbox"/> Assists with Sunday School/Religion Classes |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Please check those organizations in your church in which parent(s) is/are involved.

- | | | |
|---|--|--|
| <input type="checkbox"/> Youth Advisor / Parent Board | <input type="checkbox"/> Adult Religious Education | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Lector/Commentator | <input type="checkbox"/> Church Council | <input type="checkbox"/> Women's Club |
| <input type="checkbox"/> Sunday School Religion Teacher | <input type="checkbox"/> Choir Member | <input type="checkbox"/> Gives Financial Support |
| <input type="checkbox"/> Minister of Communion | | |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

OVERALL RECOMMENDATION:

- I give this applicant my highest recommendation.
- I recommend this applicant with others who have applied from my parish.
- I do not know the applicant well enough to make a recommendation.
- I am unable to recommend this applicant.

Evaluator Church Position Date

Additional comments