PASTOR'S RECOMMENDATION

_____
Name of Applicant

Name_____ Phone number (____)_____

Reverend and Dear Father,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding "Attention: Admissions."

How long have you known the applicant? ___yrs Do you feel that you know him well?
☐ Yes No ☐

Do you foresee a likelihood of difficulties in any of the following areas?

Emotional instability	☐ Yes ☐ No	Dishonesty	☐ Yes ☐ No
Uncooperativeness with peers	☐ Yes ☐ No	Bullying	☐ Yes ☐ No
Uncooperativeness with adults	☐ Yes ☐ No	Resistance to practicing the Faith	☐ Yes ☐ No

Please describe the applicant's character (strengths and weaknesses), or offer any other information that might help us to asses this candidate.

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Signed_____ Date_____