

PASTOR
RECOMMENDATION FORM

Page 1 of 2

THIS PAGE TO BE COMPLETED BY STUDENT:

Student Name _____

PARISH BACKGROUND

Name of Home Parish _____

Pastor's Name _____

Parish Address _____ City _____ State _____ Zip _____

How long have you been a member of this parish? _____ Are you an active member of the parish? _____

Please list the number of years you have been involved in any of the following parish activities:

____ Mass Server

____ Eucharistic Minister

____ Lector

____ Parish Youth Group

____ Choir Member

____ Campus Ministry

____ Usher/Greeter

____ Religious Education Volunteer

Please explain your parish involvement and describe other ways in which you have served your parish and/or your community. Include a description of service hours obtained through school or church activities.

This **2-page Recommendation Form** must be completed and returned to the Catholic Foundation Office by

Friday, APRIL 5, 2019

Completed forms may be mailed to:

The Catholic Foundation of Oklahoma, Inc.
Scholarship Program
PO Box 32180
Oklahoma City, OK 73123-0380

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Page 2 of 2

THIS SECTION TO BE COMPLETED BY STUDENT:

Student Name _____

Parent(s) Name _____

Address _____ City _____ State _____ Zip _____

THIS SECTION TO BE COMPLETED BY PASTOR:

- 1. Do you know the above-named Student? ___ Yes ___ Somewhat ___ No
- 2. Is this student a practicing Catholic? ___ Yes ___ I Don't Know ___ No
- 3. Is it important that this student receive financial assistance in order to continue his/her education? ___ Yes ___ I Don't Know ___ No
- 4. Is the student actively involved in the Parish now? ___ Yes ___ I Don't Know ___ No

Please explain:

- 5. What leadership roles has this student assumed in the Parish or community?

PERSONAL RECOMMENDATION OR COMMENT:

Completed by:

Pastor

Parish

Signature

Date

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