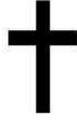


**SECONDARY SCHOOLS
OF THE
SAN FRANCISCO ARCHDIOCESE**



Clergy Confidential Recommendation Form

To the Applicant: please type your name and give this form to your Church with a stamped envelope addressed to the admission Office for each of the schools to which you are applying.

Applicant Name: _____ Applying to Grade: _____

To the Clergy: Please complete the form below and mail it the stamped envelope provided to you by the applicant. Be sure to keep a copy for your files. Please return your completed recommendation by January 15.

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.

Are the family and the applicant involved in the worship life of the Church? Please rate their worship commitment on a scale of 1 to 10 (with 10 being the highest). Please circle rating: 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"/> Lector
<input type="checkbox"/> Service Helper/Altar Server	<input type="checkbox"/> Attends Retreats
<input type="checkbox"/> Takes Religious Ed Classes	<input type="checkbox"/> Assists with Sunday School/Religion Classes
<input type="checkbox"/> Other (Please Specify)	

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

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

OVERALL RECOMMENDATION

- ☐ I recommend this applicant
- ☐ I recommend this applicant with reservation
- ☐ I do not know this applicant well enough to make a recommendation

Evaluator _____ Church _____ Position _____ Date _____

Please use the back of this sheet to make any additional comments.

Revised: May 2013