

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



Archdiocese of
SAN FRANCISCO

CLERGY CONFIDENTIAL RECOMMENDATION FORM

To the Applicant: To be considered for an Archdiocesan Family Grant, **this form must be completed.** Please be sure to indicate to your church which high schools you are applying to. If you are providing a paper copy, please make sure to provide a stamped envelope addressed to the HS Admission Office for each of the schools to which you are applying.

Applicant _____
FIRST NAME INITIAL LAST NAME APPLYING TO GRADE

Will you be applying for Financial Aid: Yes = TADS Ref. #: _____ No

To the Applicant: Please check the schools to which you are applying.

- | | | |
|---|--|--|
| <input type="checkbox"/> Archbishop Riordan High School | <input type="checkbox"/> Junipero Serra High School | <input type="checkbox"/> Marin Catholic High School |
| <input type="checkbox"/> Sacred Heart Cathedral Preparatory | <input type="checkbox"/> Convent of the Sacred Heart High School | <input type="checkbox"/> Immaculate Conception Academy |
| <input type="checkbox"/> Mercy High School, San Francisco | <input type="checkbox"/> San Domenico High School | <input type="checkbox"/> Mercy High School, Burlingame |
| <input type="checkbox"/> Stuart Hall High School | <input type="checkbox"/> Saint Ignatius College Preparatory | <input type="checkbox"/> Notre Dame High School |
| <input type="checkbox"/> Sacred Heart Prep, Atherton | <input type="checkbox"/> Woodside Priory | |

To the Clergy: Please complete the form and mail back to the appropriate HS Admissions Office by **January 15, or if the student is applying for Financial Aid, please follow the instructions below.** Complete the form and EMAIL, MAIL or FAX it back to TADS. Be sure to keep a copy for your files. **Return your completed recommendation by January 15.**

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

This recommendation will remain confidential and will not become part of the student's permanent record. We appreciate your cooperation and candor.

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
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Please use the bottom of this sheet to make additional comments.

Additional comments:

