

144 W. Fifth Street, Stockton, CA 95206 www.asastockton.org Office: 209.463.1540 Fax: 209.463.2707 Facebook @asastocktonca

## ASA Scholarship - Pastor Recommendation Letter

Student	First	and	Last	Name:
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Mothers Full Name: \_\_\_\_\_

Fathers Full Name: \_\_\_\_\_

Pastor, this family is applying for a scholarship to assist with tuition at All Saints Academy. Please indicate that the student and family meet the following criteria by submitting this form directly to the school office.

- □ Are regular attendees of your church (as determined by the pastor).
- $\hfill\square$  Are in good standing at your church (as determined by the pastor).
- □ This family's goals and aspirations align with the educational mission of All Saints Academy of being "a collaboration of parishes engaging generations to learn, serve, and succeed."
- □ This family has one or more students enrolled at All Saints Academy in the 24/25 school year.

Is this family registered at your parish?	Yes	No
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Is this student/family involved with any of the ministries at your parish? Please explain.

Any other comments from the Pastor (not required):

Pastor/Priest Name:	Paris	sh:

Pastor/Priest Email: \_\_\_\_\_\_ Parish Phone Number:\_\_\_\_\_

Parish/Pastor, please affix parish seal/stamp and mail this letter to All Saints Academy of Stockton directly from the parish. You may also send it as a FAX: (209) 463-2707