

**MINISTRY CERTIFICATE PROGRAM
PASTOR'S LETTER OF RECOMMENDATION FORM**

This form to be filled in by the applicant and given to the pastor. It must be signed by both the applicant and the pastor.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Signature of Applicant

Date

This section to filled in by the applicant's pastor.

1. How long have you known the applicant? _____
2. In what capacity? _____
3. Length of applicant's active involvement in parish/agency _____
4. Briefly comment on the applicant's academic strengths and weaknesses

5. Please rate the applicant on a scale of 1 to 10, where 10 is the highest.

- a. Academic ability
- b. Ministerial potential
- c. Motivation for the proposed study

6. Why do you think the applicant is suited for the Certificate Program in question?

7. This person:

- possesses a solid and active Catholic faith
- exhibits qualities of Christian leadership
- wants to increase knowledge and appreciation of Church teaching, scripture, and the sacraments
- is able to profit from serious reading and study
- desires to deepen awareness of the spiritual dimensions of his/her daily life
- wants to integrate faith and life, and improve ability to share the Catholic faith with others
- wants to enhance ability to work effectively with others
- wishes to contribute to fostering the life of the Church

8. I recommend _____ without qualifications.

Signature of Pastor

Date

Name (please print or type)

Title

Institution or Business

Phone number