



## **PASTOR'S RECOMMENDATION FORM**

Lay Ministry Institute

Instituto de Formación Pastoral

**Applicant's Name:** \_\_\_\_\_

**1.) How long have you known this individual?**

**2.) In what capacity or circumstance?**

**3.) Please name the strengths you have observed in this individual which would be helpful for ministry.**

**4.) Please name anything which might limit this individual in his/her ministry.**

5.) If this individual were available for future work in association with you, please indicate the degree of confidence you would have in recommending him/her.

Not recommend

Recommend  
With reservations

Recommend

Recommend  
Strongly

6.) Our Parish community and I agree to support the student financially with:

100% tuition

50% Tuition

33% of the tuition

Any other comments:

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Date

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Pastor's Signature

**If you have further questions or comments, please call the Director of Lay Ministry  
(210) 341-1366**

**To the Applicant:**

*Under the family Education Rights and Privacy Act of 1974, an applicant who chooses to enroll in the Lay Ministry Institute Program and is subsequently admitted to the program may review records pertaining to him or her alone. If however, an applicant wishes to obtain confidential recommendations, which will be used for the purpose of admission, this right of access may be waived. If you wish this recommendation form to remain confidential, please sign below:*

*I will not seek access to this confidential recommendation submitted for the purpose of admission.*

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Student's Signature

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