PASTOR'S RECOMMENDATION for PARISH SUPPORT

LA SALLE ACADEMY

440 Holland Street, Shillington, PA 19607. 610-777-7392

# **This side is completed by Head of Household**

**Directions for completion:** Complete this form and deliver it to your local parish office so that the opposite side can be completed by the pastor and returned directly to the school.

Parish Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rel. Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Name 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rel. Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_

Applicants to La Salle Academy (grades PreK — 8 th grade).

Child Name 1/ Grade in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: List Sacraments Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name 2/ Grade in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: List Sacraments Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name 3/ Grade in 2024-25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: List Sacraments Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Siblings/ Family Living in Household who do not attend La Salle Academy/Grade/age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family attend Weekly Mass? Yes/No Saturday/ Sunday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you volunteer outside of Mass at the School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use Parish Envelopes Regularly? Yes/ No

How do you volunteer/serve on a ministry at your church?

Check all that apply:

* Check this box if you DO NOT NEED Parish Support this year for tuition and choose to pay the full rate for one or more of your children so that more financial aid can be distributed to students in greater financial need.

 Fill in the dollar amount of additional aid you are requesting for each LSA student:

*By selecting this option, the applicant agrees to apply for financial aid through the school's STS system and to submit all requested financial documentation to determine financial need including all available diocesan scholarships BEFORE more Parish Support can be considered.*

PK-8 Student 1 \_\_$ 825.00\_\_\_\_\_\_ Please list your total Household Income

PK-8 Student 2 \_\_$ 900.00\_\_\_\_\_\_ reported to the IRS for 2023.

PK-8 Student 3 \_\_$ 1225.00\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Total Request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You do not need to include copies of tax documentation at this time.)

PASTOR'S RECOMMENDATION for PARISH SUPPORT

LA SALLE ACADEMY

440 Holland Street, Shillington, PA 19607. 610-777-7392

# **This side completed by the Pastor**

**Directions:** This form is intended to be Completed by the Pastor ONLY: This recommendation is confidential and should be sent directly to the school for review upon completion. Please do not send this form back to the applicant but please feel welcome to share your considerations as you see fit with your parishioner(s).

How long have you known the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family of this application? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Family registered as parishioners of your parish in good standing? \_\_\_\_\_YES NO

Please feel free to offer any comments:

When Do you recommend Parish Support begin?

\_\_\_\_\_Immediately (the First Month student(s) begin school)

\_\_\_\_\_Conditionally: (Fill in Terms)

\_\_\_\_\_\_After I see the Family regularly at Mass for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I will be willing to confirm eligibility to modify the family's payment plan and begin support.

\_\_\_\_\_\_Unfortunately, I cannot approve Parish Support for this family (because):

Optional: Reasons I cannot approve:

\_\_\_\_\_\_\_Please contact me for further discussion regarding this matter.

Please include preferred contact when selecting this option. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parish/Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Pastor)

Thank you for completing this form. Please return this form via email or by US Mail to Mr. Stephen Mickulik, M.Ed., Principal.