

# LA SALLE ACADEMY

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

## PASTOR'S RECOMMENDATION for PARISH SUPPORT

### To Be Completed by the Head of Household:

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<sup>th</sup> grade).

Child Name 1/ Grade in 23-24/ DOB: \_\_\_\_\_

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

Child Name 2/ Grade in 23-24/ DOB: \_\_\_\_\_

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

Child Name 3/ Grade in 23-24/ DOB: \_\_\_\_\_

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

Other Siblings/ Family Living in Household: \_\_\_\_\_

Weekly Mass your family attends: \_\_\_\_\_ 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 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 up to the maximum per student you are requesting for each LSA student:
  - up to Max \$ 810.00 for PK-8 Student 1 \_\_\_\_\_
  - up to Max \$ 1595.00 for PK-8 Student 2 \_\_\_\_\_
  - up to Max \$ 2085.00 for PK-8 Student 3 \_\_\_\_\_

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

- Check this box if you need to apply for MORE financial aid from the parish than already provided above through La Salle Academy. Please explain on a separate page.  
*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.*

Signature/ Date: \_\_\_\_\_

**To be Completed by the Pastor:**

How long have you known this Family? \_\_\_\_\_

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

Please feel free to offer any comments: \_\_\_\_\_

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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:

please indicate your reasons:

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\_\_\_\_\_ 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 and please mail the recommendation to Mr. Stephen Mickulik, M.Ed.,  
Principal of the Catholic School to which the family is applying for Parish Support.  
Email: [Mickulik@lsabear.com](mailto:Mickulik@lsabear.com) or by US Mail.**