

MARIA SCHOLARSHIP

Type Applicant's Name: _____

▲ Name to be filled out by the Applicant. ▲

PASTOR'S EVALUATION FORM (Form D)

▼ To be filled out by the Pastor. ▼

Dear Father,

The Frank Maria Scholarship Committee appreciates your efforts in completing the Pastor's Evaluation Form. This form must be submitted **by the Pastor** and received by **May 10th, 2024**, to Kh. Kathleen Purpura, Scholarships@OrthodoxYouth.com

Church Community areas of participation and leadership positions held by the applicant: SOYO

CHURCH SCHOOL _____

CHOIR/CANTOR _____

HUMANITARIAN EFFORTS _____

OTHER _____

Please type your personal comments and recommendation:

Rating of applicant's overall service and dedication:

Recommend with Reservation Recommend Highly Recommend Very Highly Recommend

The applicant is a member of _____ Antiochian Orthodox Church.

Church City: _____ Church State/Province: _____

Type Pastor's Name: _____

Pastor's Typed Signature: _____ Date: _____