



4330 NW Cookingham Dr.
 Kansas City, MO 64164
 Phone: (816) 455-3513
 E-mail: office@fcaclassical.com
 Fax: (816) 455-0982

PASTOR REFERENCE FOR FINANCIAL AID

I. To Be Completed by a Parent

Family Name: _____

Address: _____

Names of Children Eligible for Enrollment	Grade Entering	Names of Children Eligible for Enrollment	Grade Entering

The above family is seeking tuition assistance from Faith Christian Academy. We require that applicants provide a pastor reference. Please complete the information on this form and return it as soon as possible to the office by mail or as an email attachment to office@fcaclassical.com.

Your response will be held in the strictest confidence. The applicant will not have access to this reference.

II. To Be Completed by the Pastor

Pastor name: _____ Phone number: _____

Name of church: _____

Email address: _____

III. Please answer the following questions to the best of your knowledge.

How long have you known this family? _____

How long has this family been attending your church? _____

Is this family a member of your church? _____

Please comment on this family's attendance and involvement in your church including how long they have been involved.

Continued on the back.

Please comment on this family's life-style, each of their spiritual lives, and each of their relationships to the Lord.

Is there anything else we should know that would help our financial aid committee make its decision?

Signature: _____ Date: _____