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PASTOR REFERENCE FOR FINANCIAL AID

I. To Be Completed by a Parent

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Table with 4 columns: Names of Children Eligible for Enrollment, Grade Entering, Names of Children Eligible for Enrollment, Grade Entering. It contains three empty rows for data entry.

The above family is seeking tuition assistance from Faith Christian Academy (FCA). 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 as thoroughly and accurately as possible.

How long have you known this family?

- Checkboxes for: Fewer than six months, 6 mo. - 2 years, More than 2 yrs., I don't know this family

How long has this family been attending your church?

- Checkboxes for: Fewer than six months, 6 mo. - 2 years, More than 2 yrs., I am uncertain

Is this family a member of your church?

- Checkboxes for: Yes, No, Uncertain / No membership

Is this family involved in the church?

- Checkboxes for: Yes, No, Uncertain

Is there anything else that would be helpful for us to know as we make our decisions? \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_