



## PASTOR CERTIFICATION

Dear Pastor,

Please complete this certification for \_\_\_\_\_  
(Student name) who is applying for the scholarship indicated below:

\_\_\_\_\_ **Most Reverend Daniel A. Cronin Scholarship**

\_\_\_\_\_ **Dynia Endowed Scholarship**

\_\_\_\_\_ **St. Mary's Scholarship**

**Your certification of this student/family as a member of good standing in your parish is a condition of the scholarship's criteria.**

Is this family in good standing in your Parish? ( ) Yes ( ) No

Please explain any special circumstances that you feel will assist FACS in consideration of this application.

---

---

---

---

---

---

---

---

---

---

Pastor's Signature \_\_\_\_\_

Parish Name \_\_\_\_\_