

Certificate in Youth Ministry Studies Recommendation

Directions: The top half of this page should be completed and held in confidence by the registrant's Pastor, Parish Director, or other official parish representative and mailed by the parish directly to: **Julie Galligan, Archdiocese of Anchorage, 225 Cordova Street, Anchorage, AK 99501**

Name of Applicant: _____

The person whose name appears above is applying for admission to the Certificate of Youth Ministry Studies program that will take place in Alaska, beginning in October 2007. It would be of assistance to the planning committee if you would provide a brief assessment of the applicant. This form is provided for your convenience and we welcome your comments in whatever format you think suitable. Your assistance in giving this appraisal is helpful and greatly appreciated. Thank you.

How long have you know the applicant and in what connection?

Do you believe the applicant is a good candidate for admissions to the Certificate in Youth Ministry Studies program? Why or why not?

Recommender's Signature: _____

Recommender's Printed Name: _____

Parish: _____ Position/Title: _____

City: _____ Telephone Number: _____

Certificate in Youth Ministry Studies Year 2 Registration-Side 2

Have you completed a background check form for your parish? YES NO

What other education and certification have you completed?

Share some of the youth ministry activities have you been involved with in the past 4 years?

Return the completed forms to:

Julie Galligan
Archdiocese of Anchorage
225 Cordova Street
Anchorage, AK 99501