

# THE ADRIAN GONSOLIN SCHOLARSHIP

## PARISH - COMMUNITY LEADER RECOMMENDATION

Please complete this portion of the form and give the form to a parish leader (deacon, lay minister [not the pastor]) who knows your contributions and participation well. This recommendation is **confidential** and should be mailed, or sent as an email attachment directly to Good Shepherd Catholic Church by the person completing the form. Contact information is provided below.

**Name of Student:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

*I waive all my rights to read the confidential recommendation for the student listed above.*

\_\_\_\_\_ (Student's signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (Parent/Guardian signature if student is under 18 years old) \_\_\_\_\_ (date)

Is this student a fully initiated, active parishioner of Good Shepherd: \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you known the student? \_\_\_\_\_

What is your most recent interaction with the student? \_\_\_\_\_

In what ways is the applicant active in the parish and the local community? \_\_\_\_\_

Briefly describe your knowledge of the student's integrity, service to others and general enthusiasm? \_\_\_\_\_

Do you know of any reason that this applicant would reflect negatively on the Adrian Gonsolin Scholarship program? \_\_\_\_\_

(Please print)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(area code)

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(street or PO box) (area code)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) E-mail: \_\_\_\_\_

May we contact you for further information? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**Please return form to:**

**Good Shepherd Catholic Church**  
Attention: The Adrian Gonsolin Scholarship Committee  
2021 Decherd Blvd., Decherd, TN 37324  
phone: (931) 967-096 e-mail: [gsoffice1@bellsouth.net](mailto:gsoffice1@bellsouth.net)