



CONFIDENTIAL REFERENCE FORM

Name of Applicant:

The above named person ("the Applicant") is applying to St. Therese Institute of Faith and Mission for admission to our nine-month program of Catholic faith formation and community living. We request your candid assessment of this person and their suitability for the Institute of Faith and Mission.

*Upon completion **PLEASE RETURN THIS FORM DIRECTLY TO ST. THERESE INSTITUTE** (please do not return this form to the Applicant):*

St. Therese Institute of Faith & Mission
ATTN: STUDENT APPLICATIONS
P.O. Box 310
Bruno, SK, Canada, S0K 0S0

Phone: (306)369-2555
Fax: (306)369-2555 x200
Email: admissions@StTherese.ca

Reference Information:

Name: _____

Address: _____ City: _____ Prov./State: _____

Postal / Zip Code: _____

Daytime Phone Number (_____) Email Address: _____

We appreciate your time in completing this form. All information you provide will remain confidential. Please feel free to use additional paper if required.

1. Are you related to the Applicant? Yes No If yes, how? _____
2. a) How long have you known the Applicant? _____
b) Under what circumstances or in what capacity? _____

3. How does the Applicant accept guidance and respond to authority?

9. Do you have any further information or comments regarding the Applicant that would be helpful in evaluating their application?

10. In regards to the Applicant's attendance in our program do you:

- recommend wholeheartedly
- recommend with reservations
- do not recommend
- do not know applicant sufficiently

I, the Referrer, have responded truthfully, to the best of my knowledge, to the above questions about the Applicant. I acknowledge that the contents of this form will be held in the strictest confidence by St. Therese School of Faith and Mission Inc. and will not be shared with the Applicant or any other parties.

Signature: _____

Date: _____