



# Aletheia Christian Academy

## G.R.A.C.E. Fund Pastoral Reference

Pastor: I hereby give my permission for you to supply the following information directly to Aletheia Christian Academy.

Parent Name(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

To be completed by Pastor:

Does the family attend your church regularly? (Yes) (No) For approximately how long? \_\_\_\_\_

Are the parents church members? (Yes) (No) For approximately how long? \_\_\_\_\_

Are the parents serving in a ministry? (Yes) (No) For approximately how long? \_\_\_\_\_

Do you believe this family is committed to raising their children according to the principles of God's Word?

(Yes) (No)

Please list any comments that you believe would be helpful in making a determination for financial aid:

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Pastor's Name Pastor's Signature Date

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Church Name Church Phone

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Church Address City/State ZIP

**Please return to: Aletheia Christian Academy  
1700 Woodchuck Avenue  
Pensacola, FL 32504**