



ROCKY BAYOU
CHRISTIAN SCHOOL
A K3-12 COLLEGE PREPARATORY SCHOOL

2019-2020 Pastoral Reference for Financial Aid

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

Parent Name(s): _____

Parent Signature: _____ Date: _____

Student Name(s) and Grade(s): _____

To be completed by Pastor:

Do the parents attend your church regularly? Yes No How long have they attended? _____

Are the parents church members? Yes No What date did they join? _____

Are the parents serving in a ministry? Yes No Explain:

Do you believe this family is committed to raising their children according to the principles of God's Word (and does not practice adultery, fornication, homosexuality, habitual lying, habitual gossip, drunkenness, illegal use of drugs, witchcraft or other demonic activities, and abusive behavior or language)? Yes No

Do you support this family's desire to attend RBCS? Yes No

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

_____ Pastor's name	_____ Pastor's Signature	_____ Date	
_____ Church Name	_____ Position		
_____ Church Address	_____ City	_____ State	_____ Zip
_____ Pastor's E-mail Address	_____ Church Phone		

Please return to: financialaid@rbc.org or fax to 850.729.2513