

# Engebretson Foundation

## Teacher Recommendation

### *Applicant*

Please complete the personal information below and give this form to a teacher who has taught you within the past two years.

**First Name**

**Middle Name**

**Last Name**

**Address**

**City**

**State**

**ZIP Code**

**Name of High School**

### *Teacher*

This student is applying for an annual academic scholarship. Please describe this student's academic ability and achievements. Please elaborate on any special skills or talents which this student possesses. Your input on this student is greatly appreciated.

**First Name**

**Middle Name**

**Last Name**

**Name of School Employed**

**Address**

**City**

**State**

**ZIP Code**

**E-mail Address**

**Phone Number**

**In what capacity and for how long have you known this student?**

**Signature**

**Date**

**Application Deadline:  
Must arrive by March 1st to be considered.**

**Please attach your recommendation letter to this form and return to student in a sealed envelope**

If you have any questions please contact the Engbretson Foundation at [info@engebretsonfoundation.org](mailto:info@engebretsonfoundation.org)