

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 Engebretson Foundation at info@engebretsonfoundation.org