

**Arts Teacher Recommendation Form:**

**Cab Calloway School Fund Scholarship Application 2019**

Student Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

This Cab Calloway student is applying for an arts scholarship. We ask for a recommendation from his/her arts instructor who can address student's commitment. **Please Note: If the teacher making this recommendation is the person providing the instruction or program, then a second recommendation from a different arts instructor is also required.**

Your evaluation will become part of the applicant's confidential file, intended for use only by the Cab Calloway Scholarships Selection Committee. **Please return this form in a sealed envelope to the applicant or send it directly to the address given. Be sure the applicant knows which you are doing.** The address is provided at the bottom of this form.

Recommender Full Name: \_\_\_\_\_

Class(es) you teach/taught this student: \_\_\_\_\_

Telephone/E-mail: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

**Has the student discussed this scholarship request with you? In what specific ways will the requested program enhance his/her artistic abilities? Why do you recommend this student for the scholarship?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form in a sealed envelope to the applicant or send directly to the address given below. To receive consideration, this form must be postmarked or received by **March 15, 2019.**

**Cab Calloway School Fund  
P.O. Box 4642  
Wilmington, DE 19807  
Attention: CCSF Scholarships**