Timothy L. Correll Foundation Scholarship Recommendation Form

FOCUS: ACADEMIC ABILITIES

To be completed by a teacher in your current high school that has taught you.

Name of Student _____
Last Name First Name M.I.

Your Name _____
Last Name First Name

Title _____

Address _____
Number Street State/Province Zip/Postal Code

Telephone ( ) _____
Area Code

How long have you known the student? _____

In what capacity? _____

Please discuss the student's academic and intellectual capabilities, as well as characteristics that you think will result in the student's continued academic success. (G.P.A. will not be the primary determinant of the TLCF scholarship award.) You may use the back of this form if more space is needed.

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Signature _____ Date _____