

THE LUCINDA L. JASPER SCHOLARSHIP FUND, INC.

(ALL Information MUST BE TYPED!)

PLEASE CHECK WITH THE PRINCIPAL FOR THE SCHOOL CODE.

TEACHER RECOMMENDATION

APPLICANT'S NAME

LAST	FIRST	MI
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ADDRESS	CITY	STATE	ZIP
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SCHOOL NAME	ADDRESS	PHONE NUMBER
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TO THE APPLICANT: After you have filled in the above, give this form to a teacher who has taught you an academic subject in the last two years. It is most helpful to us if this teacher has taught a course that is in an area of continuing interest to you.

TO THE TEACHER: This student is an applicant of The Lucinda L. Jasper Scholarship Competition. We are interested in your frank appraisal of his/her intellectual motivation and the scholarly quality of his/her work. Your evaluation is of considerable importance to us. Your observations will supplement the information we receive from the student and the school.

Please complete this form online BEFORE March 31, 2020.
Recommendations received after March 31, 2020 will disqualify the applicant.

TEACHER'S LAST NAME (Print)	FIRST NAME	MI
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How long have you known the applicant? _____

SUBJECT(S):	DATES TAUGHT
_____	_____
_____	_____
_____	_____

(Continue on next Page)

1. Please comment on the quality of the applicant's academic work; note any personal strengths of which you feel we should be made aware of.

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2. Additional Comments (if any).

Teachers Signature _____

Date _____