

C'EST SI BON! CULINARY TRAVEL
TASTE THE ADVENTURE FOR TEENS 2018



ACADEMIC RECOMMENDATION FORM

To be completed by the applicant:

Applicant Name _____

Last, First and Middle Initial.

Home Address _____

Street Address City State Zip

Teacher Name _____

School Name and Address _____

Applicant's Signature _____ Date _____

To be completed by the teacher:

How long have you known the applicant? _____

In what subjects have you taught the applicant? Grade(s) earned?

Please attach your letter of recommendation and email to dorette@cestsibon.net, addressing the following:

Describe the applicant with regard to academic performance, class participation, personal attributes, and character. What would you tell a colleague to expect from this student? Assess the student's ability and motivation.

Include information that will assist our staff in viewing the applicant as an individual. Is there a particular trait or personal quality that makes this student stand out? Are there special circumstances in this student's background that will provide the committee with better understanding and insight into his/her character and academic or extracurricular performance? Give specific examples.

Name _____ Position _____

Signature _____ Date _____

Email Address: _____

Telephone Number _____