Top of Form

| raphael sommer music scholarship trustLetter of Recommendation for 2019 Scholarship Application |
| --- |
| your information |
| Full Name: |
| Email Address: |
| School(s) Where You Teach: |
| applicant’s information |
| Name of Applicant: |
| Please confirm that you are a *current* teacher of the applicant:  |
| How long have you known/taught the applicant?: |
| Letter of recommendation (250 Words or less) |
|  |
| Electronic Signature: | Date: |

***Please email this form to the Foundation***

***at*** ***sommerfoundation@gmail.com*** ***by 27 May 2019.***

***Thank you for your participation in this process.***