Top of Form

| raphael sommer music scholarship trust Letter 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***](mailto:sommerfoundation@gmail.com) ***by 27 May 2019.***

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