

Arts Teacher Recommendation Form:

Cab Calloway School Fund Scholarship Application 2025

Student Name:

Last

First

Middle

This Cab Calloway student is applying for an arts scholarship. We ask for a recommendation from his/her arts instructor who can address student's commitment.

Please Note: If the teacher making this recommendation is the person providing the instruction or program, then a second recommendation from a different arts instructor is also required.

Your evaluation will become part of the applicant's confidential file, intended for use only by the Cab Calloway Scholarships Selection Committee. **Please return this form in a sealed envelope to the applicant or email. Be sure the applicant knows which you are doing.** The address is provided at the bottom of this form.

Recommender Full Name: _____

Class(es) you teach/taught this student: _____

Telephone/E-mail: _____

How long have you known this student? _____

Has the student discussed this scholarship request with you? In what specific ways will the requested program enhance his/her artistic abilities? Why do you recommend this student for the scholarship?

Signature: _____ Date: _____

To receive consideration, this form must be received by March 01, 2025.

Please email this completed recommendation to:
scholarships@cabcallowayschoolfund.org