



Inner-City Education Program

Teacher Letter of Recommendation Form #2

Inner-City Education (ICE) Program Scholarship Application

For New Applicants Only

Important! Before You Begin

How to complete this application...

Teachers: Please first save this form to a folder on your computer before you fill it out. Click the save button below, save the file under a new name, and then open the file from your computer to get started.

If you prefer to complete the application by hand (i.e. not on a computer), please print the form now to your local printer. Please be sure to print clearly using an ink pen.

Teacher Letter of Recommendation Form #2

Name of Applicant: _____

How long have you known the applicant?: _____

In what capacity have you known the applicant?

Please specify in your response below: The student's academic skills, peer relations as demonstrated in your class, willingness to learn new and challenging material, and behavioral functioning within your immediate setting:

Teacher's Name: _____ School Name: _____

School Address: _____ City: _____ State: ____ Zip: _____

School Phone: ____ - ____ - _____

Teacher's Home Phone (optional) ____ - ____ - _____

Teacher Signature: x _____ **Date:** ____ / ____ / _____