

**Teacher Recommendation Form:**  
**Cab Calloway Scholarship 2017**

Student's Name:

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Last

First

Middle

***\*\*To Be Completed by Most Relevant Cab Calloway Arts Instructor\*\****

This Cab Calloway student is applying for an arts scholarship that is given to students with financial need and a good academic and arts record. In addition to information requested from the applicant, we ask for a recommendation from his/her arts instructor who can address the student's seriousness and 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 send it directly to the address given. Be sure the applicant knows which you are doing.** The address is provided at the bottom of this form.

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***Please Print:***

Your Full Name: \_\_\_\_\_

Your Arts Field: \_\_\_\_\_

Telephone/E-Mail: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

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

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**Which personal qualities stand out in the applicant? What are the features in the applicant's background that will help us better understand him/her? Are there any personal strengths, weaknesses, or problems about which you feel we should be aware? If the applicant's marks in either academic or arts courses are less than B, is there a mitigating circumstance about which the committee should be aware?**

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**Please respond to the following (mark with an X or check mark):**

**This student regularly attends classes and rehearsals on time. yes no**

**This student is enthusiastic about studying the arts. yes no**

**The student's chosen program is the best, most cost-effective instruction available. yes no**

**This student makes full use of artistic resources already available. yes no**

**Please explain any "No" responses. Additional Comments?**

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**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Please return this form in a sealed envelope to the applicant or send directly to the address given. To receive consideration, this form must be postmarked or received by **March 7, 2016**.

Please return to:

**Cab Calloway School Fund  
P.O. Box 4642  
Wilmington, DE 19807  
Attention: Scholarships**