

St. Hilary Parish Foundation

Teacher Recommendation Request Form

All applicants must use this form to request a recommendation from <u>one</u> teacher who has the student in class during the <u>current school year</u>.

IMPORTANT! Recommendation must be requested from teacher by January 5, 2018.

Application will be considered incomplete without recommendation.

Name of Student	
Current Grade	
Grade in 2018-2019	
Name of Teacher from whom Recomm	n is requested
I am applying for a scholarship throug	Hilary Parish Foundation for the 2018-2019 school year and am
requesting that you complete a Recor	ion Form on my behalf.
Thank you.	
Student Signature	Parent Signature

Please submit this form directly to the teacher along with an envelope addressed to:
St. Hilary Parish Foundation, Scholarship Application, 2750 W. Market Street, Fairlawn, OH 44333
No postage is necessary for the Teacher Recommendation.

Please also consider writing a note of thanks to the teacher.