Timothy L. Correll Foundation Scholarship Teacher Recommendation Form

FOCUS: ACADEMIC ABILITIES

Please complete this form, sign it and send it in a separate envelope to
TLCF, Inc 209 First Street West, Jordan, MN 55352

Name of Student _____

Your Name _____

Title _____

Telephone ( ) _____
Area Code

Relationship to the applicant _____

How long have you known the student? _____

Please discuss the student's academic and intellectual capabilities, as well as characteristics that you think will result in the student's continued academic success. *(G.P.A. will not be the primary determinant of the TLCF scholarship award.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____