

Charlotte Athletic Booster Scholarship Teacher's Recommendation Form

TEACHER'S NAME _____ CLASS(ES): _____

Student Athlete's Name: _____

Please email your completed recommendation to charlotteathleticboosters@gmail.com by April 1st.

Please provide a response to the following questions.

- 1.) What was one of the student's most memorable accomplishments or a time when the student displayed exceptional leadership?

2.) How does this student best demonstrate their ability to excel as both a student and student-athlete?

3.) Feel free to provide any thoughts that would help the committee better assess this applicant's character and/or probability of success in college.

Teacher's Signature

Date