8282 I-10 Service Road
New Orleans, LA 70126
Fred Luter, Jr. | Senior Pastor

Office: 504-488-8488
Fax: 504-488-8489
www.franklinabc.com

FRANKLIN AVENUE BAPTIST CHURCH SCHOLARSHIP
HIGH SCHOOL TEACHER RECOMMENDATION

TO THE STUDENT: The teacher you ask to complete this recommendation form must be an eleventh or twelfth grade teacher who taught you in class. This form **must not** be completed by a school administrator (principal, counselor, coach, etc.) or a relative.

TO THE TEACHER: Please complete this form, sign, date and place it in your school's letterhead envelope. After the envelope is sealed, please sign your name across the edge of the sealed flap of the envelope and give it to the student. The student must return this form along with all application materials to the church by the **June 15th deadline**. Thank you in advance for your time and efforts.

(Form may be found on our website, printed, and given to student after completion)

_____ _____
STUDENT'S NAME (Type/Print) TEACHER'S NAME (Type/ Print)

Year you taught student_____ Student's grade level when taught_____

Student's Graduation Year _____

OPTIONAL: Please use the space provided below to tell us why you are recommending the student for the scholarship. Feel free to add an additional sheet if necessary.

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_____ _____
Teacher's Signature Date