AMERICA-ISRAEL
CULTURAL FOUNDATION
קרן התרבות
אמריקה-ישראל

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20 Dr. George Wise St. Tel Aviv 6997712

2023-24 Teacher Recommendation Form

This form must be sent directly by the teacher/school to AICF by e-mail to: milga@aicf.org

This recommendation will be taken into consideration when evaluating the candidate's application.

This recommendation remains confidential and will be used only by the AICF office.

Field: Music / Dance **Instrument**: _____

Applicant's Full Name: _____

Applicant's ID Number: | | | | | | | | | |

Teacher's Full Name: _____ Profession: _____

Teacher's Full Address: _____ Phone No: _____

Teacher's Email Address: _____

Number of years you have been teaching the candidate _____

Please describe the candidate (talent, work ethic, personality, special remarks, etc.)

_____

_____

_____

_____

Score: Please mark X

Excellent	**Very Good**	**Above Average**	**Average**	**Below Average**	**Not recommended**

Teacher's Name _____ Teacher's Signature _____

The name of the Institution _____

Signature from the institution _____

Date _____