

Signature

Personal Recommendation

Someone other than your parents who is 25 years or older and knows you well

Applican	nt's Name	Phone
Address	3	
I waive my right to view this recommendation and allow the Alliance's Scholarship committee members to contact this reference.		
Signature		
this page applicant insure co part of hi	CTIONS TO REMEMBER: Please respond to the or use a separate sheet. Place your recomment's name on the front. Seal the envelope and sonfidentiality. Return the sealed envelope to this/her application. POSTMARK DEADLINE FOR 28, 2019.	endation in an envelope and write the ign your name across the flap to the applicant who will forward it as
2. How in the succession of the successi	hat capacity are you familiar with the applicant long have you known the applicant? our opinion, will the applicant take his/her processfully? ald the applicant make a good ambassador and ying abroad? important is assistance from the Alliance Francity to accomplish the project? To make other comments about the applicant lity, etc. which might help us in our decision.	oposal seriously and carry it through I reflect well on the U.S. while nçaise to the applicant's financial
Your Nar	me Title	
Address		
School	Pho	ne

Date