Alliance Française de Louisville Scholarship
Purpose: To support the study of the French language and culture

RECOMMENDATION FORM

Name of Candidate: _______________________________ Institution: _______________________________

Your Name: ______________________________________ Phone: _______________________________

Your e-mail: ____________________________ For how long have you known the candidate? __________

What is the basis for your knowledge of the candidate? Teacher____ Counselor____ Academic Advisor____

In how many courses were you the candidate’s teacher? __________

Were those courses introductory or advanced? __________________

Have you found this candidate to be proficient, according to his or her level, in the French language? ________

Does the candidate apply himself or herself sincerely to learning the French language? ______________

Do you think this candidate is sincere about continuing his/her knowledge of French language and culture?_____________

The purpose of the scholarship is to promote the study of the French language and culture. Is there any further information you could give the committee regarding the abilities, commitment and intentions of the candidate?

EMAIL TO: afschool@bellsouth.net  BY SEPTEMBER 15, 2023.

PLEASE DIRECT ANY QUESTIONS TO AFL at 502/420-0800.

SIGNATURE: ________________________________ DATE: __________________

Thank you.
The Alliance Française de Louisville Education Committee