

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: afschooll@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