



Fantastic **U**nique **N**eat
A Week-long Summer Program
For
Young Women
July 5-10, 2009

Teacher Recommendation Form

Applicant Name _____ Current Grade _____

Applicant: Please, ask one of your teachers to complete this form and attach it to your application.

Teacher: The student named above is an applicant for LEARN to LIVE Together, Honors Leadership Academy for Young Women to be held during the Summer of 2009 on the campus of the University of West Georgia in Carrollton. It is important that we have your recommendation of this student for success. **Deadline is March 31, 2009 if the family applies for scholarship; otherwise it is May 31st, 2009** (postmarked/date-stamped). If you would prefer to make this recommendation via e-mail, please contact Dr. Madhavi Sethna, Director of LEARN to LIVE Together, Honors Leadership Academy for Young Women at
Director@learn-to-live.com

Do you recommend this student for participation in LEARN to LIVE Together, Honors Leadership Academy for Young Women?

Yes _____ No _____

Please comment on your recommendation of this student on the back of this page or on a separate sheet. Please include information about her maturity level, work ethic, social maturity, ability to communicate, reaction to criticism, leadership potential, and other characteristics that you feel should be emphasized. If you would prefer to make this recommendation via e-mail, please contact Dr. Madhavi Sethna directly at

Director@learn-to-live.com

**Alternatively submit your recommendation on-line at our web site:
www.LEARN-to-LIVE.com**

Teacher Name: _____ Phone/Email: _____

Signature _____ Date: _____

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