



RECOMMENDATION FORM

(To be completed by your child's teacher.)

Student's Name: _____

Your Name: _____

Your Address: _____

Your City/State/Zip: _____

Your Phone: _____ Your email address: _____

Your relationship to student: _____

Length of time you have known student: _____

Please respond to the following questions to provide us insight on the above student. **You may attach additional pages if necessary.**

1. Please identify why you believe the above student will benefit from participation in **Fiona's House: STEM Leadership Academy.**

2. Please describe the leadership skills and characteristics that you believe the student possesses, or needs to develop.

3. Please state how the **Fiona's House: STEM Leadership Academy** will be enriched by the student's participation.

Signature

Date

Please return this form by **March 31, 201**_directly to: **Fiona's House: STEM Leadership Academy, P.O. Box 358, Ahoskie, NC 27910** or the school counselor.

Please notify the above student or her school counselor when you have sent this form. Thank you for your assistance.