

THE ITALIAN AMERICAN SOCIETY OF MARCO ISLAND

DR.CHARLES J. PINENO MEMORIAL SCHOLARSHIP

TEACHER RECOMMENDATION

Name of Candidate_____

Address of Candidate_____

Telephone Number_____

School_____

Kindly attach this form to a typewritten letter of recommendation on school stationery. Your statement can include, but is not limited to, such areas as academic appraisal, extra-curricular activities, leadership ability, helpfulness to others and a strong moral character.

Teacher's Name_____

Teacher's Signature_____

Teacher's home telephone number_____