

Lawson Academy Financial Aid Program

The Lawson Academy of the Arts
Converse College
580 East Main Street Spartanburg, SC 29302

RECOMMENDATION FORM

Date of Application: _____

General Information (Use the back of this form if additional space is needed)

Name of Applicant: _____

Name of Reference: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship of Reference to Applicant

LA Faculty Music Teacher Counselor Mentor

How would you assess the applicant's musical ability?

How would you assess the applicant's commitment to his/her musical study?

Please give your personal recommendation in the space provided.

Signature of Reference

Date