

Lawson Academy Financial Assistance Grant Program RECOMMENDATION FORM

The Lawson Academy of the Arts at Converse University
580 East Main Street Spartanburg, SC 29302
lawsonacademy@converse.edu

Please return completed recommendation form by August 5, 2022.

Date of Application: _____

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

Name of Applicant: _____

Name of Reference: _____

Primary 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