

**TOM ALPER MEMORIAL SCHOLARSHIP
ELIZABETH FORWARD SCHOOL DISTRICT
ELIZABETH, PENNSYLVANIA**

**TOM ALPER MEMORIAL SCHOLARSHIP APPLICATION
TEACHER RECOMMENDATION FORM**

Applicant's Name:

Teacher's Name:

The applicant is to ask the recommending teacher to submit this
letter of recommendation to Robert Raffaele at EFHS by March 5, 2021
This reference form can also be emailed to ben@alperschampions.org

Signature:

Date: