



*****CONFIDENTIAL*****

TEACHER RECOMMENDATION FORM

Student Name _____

School Attending _____

To the Applicant:

Fill in the above information and give to your teacher with a stamped envelope addressed to Sister City Association. Remember to give your teachers sufficient time to complete and mail before November 10th, 2016.

To the Recommender:

This student is applying to be an Ambassador for the Sister City of Tracy Student Educational Exchange Program visiting our sister city of Memuro, Japan. Ambassadors should be individuals who take pride in themselves, demonstrate respect of authority, and interact with their peers. Your candid comments will be very helpful and your information will only be reviewed by the selection committee of Sister City Association. Please complete this **confidential** form and mail directly to the address below. For this applicant to be considered, this recommendation must be postmarked by **November 10th, 2016.**

Recommender's Name _____ Date _____

Signature _____ School Phone # _____

Recommendation form must be postmarked by: **NOVEMBER 10th, 2016.**

Mail to: Sister City Association of Tracy, Inc.
Student Educational Exchange
P. O. Box 428
Tracy, CA 95378