2024 AMERICAN SUZUKI INSTITUTE
APPLICATION FOR SCHOLARSHIP
TEACHER RECOMMENDATION FORM
(One recommendation per student)

Dear Suzuki Teacher:

Your student, ______________________, is applying for a scholarship to the American Suzuki Institute. Please complete this form and return it to the student in a sealed envelope to send with their completed scholarship application, or send it directly to us at suzuki@uwsp.edu under separate cover, to be received by May 1, 2024.

Describe the family’s commitment to the Suzuki philosophy. Give examples, if possible.

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Describe the student’s eagerness to learn. Give examples, if possible.

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Describe the student’s and/or parent’s commitment to consistent preparation of the weekly lesson.

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Length of time the student has been studying in the Suzuki method. ______________________

List any other information that might be helpful to us in consideration for scholarship. (Optional)

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Mail to: ASI Scholarship Assistance Committee, ASI, UWSP, Stevens Point, WI 54481