



Baltic-American Freedom Foundation

Leadership Academy Application

Teacher's Letter of Support

Please ask one of your teachers to complete this form and return it to you.

Student Name:

Current class:

School name:

School address and phone:

English language proficiency:

Reading	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Writing	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Speaking	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

Other languages studied or spoken at home:

To the Teacher

Thank you for supporting this student's application to the BAFF Leadership Academy. If more space is needed, please attach a separate sheet with your responses.

How long have you known this student?

Please describe the maturity and motivation of this student for participating in the BAFF Leadership Academy.

How would you describe this student's ability to overcome difficulties?

What aspect of this student's character stands out the most?

Teacher's name:

Signature: