**MARCH OF THE LIVING**

**SOUTH AFRICA YOUTH DELEGATION**

**TEACHER RECOMMENDATION FORM**

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| --- |
| **Name:** |
| **High School:** |
| **Teaching Subject:** |
| **Name of Applicant:** |
| **How long have you known the applicant?:** |
| Please write below or attach on a separate page your current evaluation of the applicant's ability, motivation, maturity and suitability for the March of the Living programme. |

More information on the programme can be found at: [www.motlsa.com](http://www.motlsa.com)

Completed forms should be sent by the deadline to [motlsouthafrica@gmail.com](mailto:motlsouthafrica@gmail.com)