**MARCH OF THE LIVING 2017**

**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 to the March of the Living programme. More info on the programme can be found at: www.motlsa.com |