

Student Name: _____

TEACHER ENDOREMENT

By signing below you believe that the applicant is a qualified candidate for both the camp they are applying and the Sue Drummond Scholarship.

Name (Printed): _____

Signature: _____

Title: _____ School or Organization: _____

The student is responsible for returning this form via mail to the Thornapple Arts Council at

PO Box 36

Hastings, MI 49058

Or email at programs@thornapplearts.org

By April 14th, 2017.