Applicant Information:
Student Name: __________________________________________
Scholarship: ____________________________________________
Session (Summer, Fall, or Spring): __________________________
I hereby authorize this form to be completed and sent to CEA and waive my rights of access to this information.
Signature: __________________________ Date: ________________

For the Recommender:
Recommender's Name: __________________________________________
Position: __________________________________________
University/College: __________________________________________
Telephone: __________________ Fax: __________________
How long and in what capacity have you known the applicant? ______________
This applicant is applying for the CEA Scholarship noted above. Your confidential report of the applicant's background will provide us with information which will help us better understand the applicant's qualifications and merit. Please attach a letter of recommendation based on your experiences with this student.
Signature: __________________________ Date: ________________

Return completed recommendation form to:

Email: Scholarship@ceaStudyAbroad.com
Mail: 2999 North 44th Street, Suite 200, Phoenix, AZ 85018-7248