LES CHENEAUX
CULINARY SCHOOL

Application
LETTER OF REFERENCE

Date_____

Your name_____Phone_____

LCCS applicant's name_____

You may use this form or your own personal or professional letterhead. Additional pages may be included.

Please state how you have known the applicant and for how long, and the reasons you believe this person is qualified for our program, which requires a high degree of initiative, consistency, dedication, on-time completion of projects, and teamwork. Please include these criteria in your evaluation.

Thank you for your time and consideration. You may either mail this letter to the address below or email to mary@lcculinary.org.