



AMERICA-ISRAEL
CULTURAL FOUNDATION
קרן התרבות
אמריקה-ישראל

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20 Dr. George Wise St. Tel Aviv 6997712

Date: _____

To:
America-Israel Cultural Foundation

I hereby confirm that _____ [*Student's Name*] is enrolled at the institution listed below for the 2020-21 academic year, in the field of [*Degree Program, Instrument*]_____. To the best of my knowledge, he/she is continuing to study, progress and fulfill all the obligations involved in the degree program. I recommend granting him/her a scholarship for the 2020-21 academic year.

Name of institution

Address of institution

Name of teacher

Signature + institution stamp