



Inspiring the Jewish Future

**SUMMER PROGRAMS**

www.NCSYsummer.com

## **LETTER OF RECOMMENDATION**

Dear Applicant,

Please submit this form to your NCSY Regional Director, NCSY Advisor, teacher, school principal, Youth Director or Synagogue Rabbi. No application will be considered without 2 recommendation forms, one of which must be from a teacher or principal at your current school.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Program applying for \_\_\_\_\_

Name of person giving recommendation \_\_\_\_\_

Name of organization \_\_\_\_\_

Position Held \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Signature of person giving recommendation \_\_\_\_\_

Nature and length of association with applicant

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your honesty while completing this recommendation.**

**Please complete recommendation on next page and return to:**

NCSY Summer Programs  
11 Broadway - 14th Floor  
New York, NY 10004  
Fax: (212) 613-0789



Applicant's Name \_\_\_\_\_

Program Applying for \_\_\_\_\_ Year \_\_\_\_\_

Name of Person Giving Recommendation \_\_\_\_\_

**Please evaluate the applicant in regard to each of the following issues:**

*Religious Observance* \_\_\_\_\_

*Intellectual Capacity* \_\_\_\_\_

*Social Adjustment* \_\_\_\_\_

*Respect for Authority* \_\_\_\_\_

*Motivation* \_\_\_\_\_

*Maturity/Seriousness* \_\_\_\_\_

*Additional Comments* \_\_\_\_\_

*To your knowledge has applicant been involved in any incident involving drugs, alcohol, smoking or inappropriate behavior* \_\_\_\_\_

*To your knowledge has applicant been expelled from any school, camp or any other program* \_\_\_\_\_