



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 _____

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 _____
