

# MARCH OF THE LIVING LETTER OF RECOMMENDATION

Applicant's Name: .....

City, State, Zip: .....

The above-named student is applying for admission to the March of the Living. A detailed description of the program is attached. Please read it before filling in this recommendation.

**PLEASE SEND US A LETTER OF RECOMMENDATION INCLUDING THE FOLLOWING INFORMATION:**

1. How long, how well and in what capacity have you known the student?
2. Why should the student be chosen for the March of The Living?
3. What is the applicant's relationship with his/her classmates/peers?
4. Describe the applicant's academic ability. Is the applicant capable of missing high school/college during the March, and making up the work?
5. In your opinion, what is the applicant's emotional stability and maturity?
6. Describe the applicant's personality.
7. To your knowledge, does the applicant have a chemical dependency? (drugs, alcohol, pills or any other physical condition which would impact on the trip)
8. Indicate your overall recommendation of the applicant's admissibility to the March.

**Please do not give this to the applicant. Return it in a separate envelope to the local agency.**

This letter of recommendation is due immediately. The applicant can only be interviewed if we have received this letter.

Please note: If desired, you may keep the "Explanation" for future reference.

RETURN TO LOCAL AGENCY OR FEDERATION

March of the Living - Atlanta  
c/o Eve Adler  
100 Inland Drive  
Atlanta, GA 30342  
404-303-8480 / molatlanta@yahoo.com

**Please call me for additional information**

We thank you in advance for your help in assessing the applicant's admissibility to the March of The Living.

Name (Please Print): .....Signature: .....

Telephone #: .....Date: .....