



## Achva Letter of Recommendation

Applicants, please give this form to your school principal, faculty member, teacher or other *reference*. **Two completed recommendation forms are required for acceptance to the program with at least one being from someone associated with your current school.** *Achva returnees are exempt from this requirement.*

Applicant's Name: \_\_\_\_\_ School: \_\_\_\_\_

Name of person giving recommendation (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School/Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Nature and length of association with applicant: \_\_\_\_\_

**Your comments will be kept confidential.** Achva is a coed program designed for Modern Orthodox teens who are shomer Shabbat and strictly kosher. The program relies on participants to be responsible and interact appropriately with other religious teens.

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

Religious Observance: \_\_\_\_\_

\_\_\_\_\_

Maturity level: \_\_\_\_\_

\_\_\_\_\_

Social Adjustment: \_\_\_\_\_

\_\_\_\_\_

Respect for Authority: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: (please include any areas of concern you may have.) \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this form directly to: Achva, 50 Eisenhower Drive, Suite 102, Paramus, NJ 07652  
or fax to: 212 727-9526**

**Any questions, please call Achva at 212 929-1525 ext. 181**