



Stephen Wise Free Synagogue

**The Jean Seifer Memorial Scholarship  
Recommendation Form 2019-2020  
Submission Deadline: Thursday, March 14, 2019**

**To the applicant:** Please complete the following information and sign this form before giving it to your reference.

**Applicant**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicants should check **one** of the following statements and sign below before submitting this form to the reference.

- I hereby waive access to the information recorded in this reference. OR
- I do not waive access to the information recorded in this reference.

Applicant's \_\_\_\_\_  
signature:

Date: \_\_\_\_\_

**To the recommender:** The above applicant has given your name as a reference on his/her application for The Jean Seifer Memorial Scholarship, which recognizes a college-bound student whose consistent study, participation, volunteerism and leadership have enriched the life of the Stephen Wise Free Synagogue community. Please note that your recommendation will be used as part of the application process for this award.

Of particular interest to us are such factors as:

- the context in which you have known the applicant
- your assessment of the applicant's academic potential
- your assessment of the applicant's character
- outstanding strengths which have interested you
- your reflections on the applicant's interpersonal skills and relationships with both children and adults
- your assessment of areas in which the applicant needs further development

A prompt reply is much appreciated. Please attach this form to your letter of recommendation, which should be completed on professional or personal letterhead. Please send your recommendation in a sealed envelope to: **Seifer Scholarship Committee, Stephen Wise Free Synagogue, 30 West 68<sup>th</sup> Street, New York, NY 10023.** As an alternative, you may email it to [Seiferscholarship@swfs.org](mailto:Seiferscholarship@swfs.org).

Recommender's signature: \_\_\_\_\_

Date: \_\_\_\_\_