



**SUN VALLEY CENTER FOR THE ARTS
RECOMMENDATION FORM**

NAME OF APPLICANT _____

NAME OF RECOMMENDER _____

ADDRESS _____ CITY _____

ZIP _____ PHONE _____

EMAIL _____

How long have you know this person and in what capacity?

**PLEASE ATTACH YOUR LETTER OF RECOMMENDATION IN A SEPARATE
DOCUMENT.**

Please address the following questions in your letter.

Please do not write a recommendation for a relative.

1. Please describe how you think the applicant would benefit by taking part in the program they have chosen.
2. Please share what you know about this applicant's interest in his/her area of study.
3. Please share anything you would like the committee to know about this applicant.

Signature _____ Date _____

Please submit completed recommendation via email to skolash@sunvalleycenter.org
or mail to Sun Valley Center for the Arts, P.O. Box 656, Sun Valley, ID 83353.

Due before 5pm, Friday, February 19th, 2016