



ACTeen Letter of Recommendation Form

Letter of Recommendation

To the Applicant:

Please print this form from your internet browser and fill out your name and address below. Then give the form to a theater director or arts instructor who knows your work. You may also use a school administrator or supervisor who knows you well. When the recommendation is ready, please receive it sealed in an envelope from the recommender and submit it with your application questionnaire and other required materials. (If they prefer they may send this directly to ACTeen, but please make sure they do so in a timely manner!)

To the Recommender:

The student whose name appears above is applying for admission to ACTeen's Summer Academy. Students participate in a rigorous, 8-hour-per-day, two-, three- or four-week intensive training program of theater and film classes. Enrollment is limited to high school students or graduates. Your candid estimate of the applicant's academic and artistic performance as well as personal qualities will greatly help us to evaluate this application. Since the recommendation will not become part of the student's educational records, the applicant will not have access to your comments. Please share whatever you feel is important for us to know about the applicant. Please use these questions as guidelines only, and feel free to use additional paper if necessary. Please return this form to the applicant in a sealed envelope as soon as possible. Earlier submission is recommended as applicants are notified of acceptance within two weeks of their completed application and space and housing availability is limited.

Date _____

Applicant's Name

First: _____ Last: _____ Initial: _____

Applicant's Data

Street/Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone:() _____ Mobile Phone: () _____

E-mail: _____

Recommender's Name & Data

First: _____ Last: _____

Title and Place of Employment: _____

Home Phone: () _____ Work Phone:() _____ Mobile Phone: () _____

E-mail: _____

Signature: _____

May we call you if we have questions? yes no



ACTeen Letter of Recommendation Form
Letter of Recommendation

Page 2

How long you have known the applicant ? Under what circumstances?

Please comment on your opportunity to observe the nature and quality of his or her work.

Please comment on his or her acting and performance skills if possible.

What are your impressions of the applicant outside the classroom or rehearsal hall?

We are especially interested in your evaluation of the applicant's motivation, intellectual depth, and responsibility. Comments on his or her personality and maturity as well as your estimation of his or her ability to thrive in a metropolitan environment like New York City are valuable.

Please describe any special strengths or unique talents.

Note any emotional or physical difficulties or special home circumstances or problems about which we should be aware:

Areas in which you believe the student needs the most work?

In comparison to other students you have taught or directed, please rate this individual's:

Chances for a career in film and theater:

poor _____ average _____ good _____ excellent _____ one of the best I've known _____

Ability to succeed in an intensive program:

poor _____ average _____ good _____ excellent _____ one of the best I've known _____

Thank you for your time and thoughts. Any questions or concerns please contact Rita Litton, ACTeen Director, at (212) 391-5915.
ACTeen 35 W. 45th St., 6th floor, NY, NY 10036