



## THE BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL

163 Delaware Avenue, Suite 102  
Delmar, NY 12054-1313

### USE THIS FORM TO REQUEST OFFICIAL TRANSCRIPTS FROM YOUR SCHOOL

#### Instructions for the Applicant:

Please ask a school official to provide official high school transcripts through grade 10. Request early, it takes time for some schools to process. Fill in your name on the form below and submit to your school's administrative office. Transcripts must be postmarked by January 12, 2010.

Mail transcripts to:

BYFI  
163 Delaware Avenue  
Suite 102  
Delmar, NY 12054

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#### Instructions for school official:

\_\_\_\_\_ is applying to The Bronfman Youth Fellowships in Israel.

Please either provide the official transcripts for the student to mail in a sealed envelope with a signature across the seal, or mail them directly to our administrative office at:

BYFI  
163 Delaware Avenue  
Suite 102  
Delmar, NY 12054

**Transcripts must be postmarked by January 12, 2010.**

Please write to us if you have any questions at [info@byfi.org](mailto:info@byfi.org) or call us at 518-475-7212 (Monday – Friday, 9:00 am – 4:00 pm, EST)



## INSTRUCTIONS TO REQUEST LETTERS OF RECOMMENDATION

### **Instructions for the Applicant:**

Fill in your name on the forms on the attached pages and submit to your recommenders.

#### **1 - Provide both recommender instruction page and use Form A for:**

*A guidance counselor, school principal, or teacher who has known you for at least two years*

#### **2 - Provide both recommender instruction page and use Form B for:**

*An Employer, a leader of an organization in which you are active, or anyone who knows you well  
(except a member of your family)*

Please request letters early.

Letters submitted by mail must be postmarked by January 12, 2010.

The deadline for letters submitted online by the recommender is January 20, 2010.

## THE BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL

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### Instructions for recommender:

\_\_\_\_\_ is applying to The Bronfman Youth Fellowships in Israel.

Please comment on the applicant's leadership potential, emotional maturity, and intellectual capacity. Give specific instances that demonstrate the candidate's qualities.

Letters submitted by mail must be postmarked by January 12, 2010.  
The deadline for letters submitted online is January 20, 2010.

#### **To Submit Online (preferred)**

Please visit [www.bronfman.org/recommend](http://www.bronfman.org/recommend)

#### **To Submit via U.S. Mail**

Please complete the appropriate form:

**Form A** (guidance counselor, school principal, or teacher who has known the applicant for at least two years)

**Form B** (employer, a leader of an organization in which you are active; not a member of your family)

For more on The Bronfman Youth Fellowships in Israel visit: [www.bronfman.org](http://www.bronfman.org)

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163 Delaware Avenue, Suite 102

Delmar, NY 12054-1313

TEL: 518-475-7212

FAX: 518-475-7207

**THIS FORM IS OPTIONAL: ONLY USE THIS FORM IF YOU ARE UNABLE TO SUBMIT ONLINE**

LETTER OF RECOMMENDATION FROM A GUIDANCE COUNSELOR, SCHOOL PRINCIPAL  
OR TEACHER WHO HAS KNOWN THE APPLICANT FOR AT LEAST TWO YEARS

**APPLICANT'S NAME** \_\_\_\_\_

**APPLICANT'S STATE OF RESIDENCE** \_\_\_\_\_

**NAME OF RECOMMENDER** \_\_\_\_\_

**ADDRESS OF RECOMMENDER** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POSITION** \_\_\_\_\_

**PHONE (\_\_\_\_\_) \_\_\_\_\_ BEST TIMES TO CALL \_\_\_\_\_**

**E-MAIL** \_\_\_\_\_

Please comment on the applicant's leadership potential, emotional maturity, and intellectual capacity. Give specific instances that demonstrate the candidate's qualities.

**Attach this cover page to your recommendation letter, and label each page of your letter with the applicant's name. Please sign your name across the envelope seal and mail to:**

**BYFI  
163 Delaware Avenue, Suite 102  
Delmar, NY 12054-1313**

This letter must be postmarked on or before January 12, 2010

For Office Use Only Received: _____	Entered: _____
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TEL: 518-475-7212

FAX: 518-475-7207

**THIS FORM IS OPTIONAL: ONLY USE THIS FORM IF YOU ARE UNABLE TO SUBMIT ONLINE**

LETTER OF RECOMMENDATION FROM AN EMPLOYER, A LEADER OF AN ORGANIZATION  
IN WHICH YOU ARE ACTIVE, OR ANYONE WHO KNOWS YOU WELL  
(EXCEPT A MEMBER OF YOUR FAMILY)

**APPLICANT'S NAME** \_\_\_\_\_

**APPLICANT'S STATE OF RESIDENCE** \_\_\_\_\_

NAME OF RECOMMENDER \_\_\_\_\_

ADDRESS OF  
RECOMMENDER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSITION \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ BEST TIMES TO CALL \_\_\_\_\_

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