



Adult Recommendation

To the Applicant: Please fill in your name and the grade to which you are applying. Submit this form to the adult recommending you for the Merit Scholar Program along with the pre-addressed envelope to Schechter Westchester (be sure to include postage).

Name of Applicant

Applying for Grade

To the Adult: The student whose name appears above is applying to the Solomon Schechter School of Westchester Merit Scholar Program. This program provides a full, four-year merit scholarship to an incoming ninth grade non day-school student who demonstrates outstanding academic achievement and would benefit from the robust dual General and Judaic curriculum and program at Schechter Westchester. Please tell us why you think he/she is qualified for the program. Thank you for your cooperation.

What is your relationship to the applicant? _____

Signature _____ Date _____

Please return to:
Office of Admissions
Solomon Schechter School of Westchester
555 West Hartsdale Avenue
Hartsdale, NY 10530
(914) 948-7979 (fax)