



Financial Aid Recommendation Form: Summer

Name of student: _____

To the student: Please give this form to a teacher or coach who knows you well, along with a stamped envelope addressed to: Traveling Players Ensemble, P.O. Box 1315, Great Falls, VA 22066.

To the teacher or coach: This student is applying for financial aid to Traveling Players Ensemble's summer theatre program. At our day camp, campers (grades 1-5) come for 1-2 weeks and perform scenes in our Studio in Tysons. In our residential (sleepaway) programs, we accept 13 actors (grades 3-12) who rehearse for 1-6 weeks, culminating in 1-5 performances of a classical or improvised play. Students must live together, participate in community chores and joy, and rehearse outdoors. Our residential programs are physically, emotionally, and intellectually challenging.

Please respond to the following questions and return this form **as soon as possible**. Thank you for your time and assistance. If you have any questions, please feel free to call (703-987-1712), email Jeanne Harrison at jcharrison@travelingplayers.org or visit www.travelingplayers.org.

Name of teacher/coach: _____

How long have you known the student and in what capacity?

After reading the above brief description of the camp, do you think this is an environment in which the student will be successful and happy? Why or why not?

How does the student respond to being in a group? Does the student lead, follow, or prefer to work alone?
Is the student tolerant of and interested in others?

How does the student respond to discussions? Is she/he intellectually curious?

Does the student display creative impulses and/or independent thinking? If you have seen the student perform, please include your reaction to his/her performance.

Please circle one:

I recommend this student **without reservation** for this program.

I recommend this student **with reservation** for this program. (Please explain)

I do **not** recommend this student for this program.

Signature: _____ Date: _____