

CAMPER RECOMMENDATION FORM 2018

To the applicant

Please complete the information below and give this form to a teacher, counselor, etc.

camper's name	parent/guardian
camper's address	phone
camper's age	session dates applied for

To the teacher, counselor, etc.

The child mentioned above is applying to attend our summer day camp, **Hearts to Art (HTA)**, for children 7-14 years old who have experienced the death of one or both of their parents. Employing several areas of the performing arts, the program will encourage communication, develop expression through the arts, and provide the consolation of friendship and compassion.

Please complete this form and attach a brief letter of recommendation regarding the child listed above, including an explanation of how you see him/her benefiting from **HTA**. Please note: Students attending **HTA** do not need to have previous experience in the arts. All children at **HTA** must have lost one or both of their parents to death. **Thank you.**

how long have you known the applicant?	in what capacity do you know the applicant?
your name	title
phone	email



For more information visit HeartstoArt.org

Return completed letter of recommendation to:
Auditorium Theatre of Roosevelt University
Attn: HTA Camp Director
50 E Congress Pkwy, Chicago, IL 60605
email: atru-education@auditoriumtheatre.org
phone: 312.341.2353 | **fax:** 312.341.2327