



NEW YORK CITY SCHOOL CONSTRUCTION AUTHORITY
SUMMER INTERNSHIP PROGRAM (“SIP”) APPLICATION
RECOMMENDATION FORM

Student’s Name _____

Career Interest Area(s) _____

High School & Year _____

Your Name _____ **Signature** _____

Position _____

Telephone Number _____ **Email** _____

Please comment on the student’s academic, personal characteristics and career interests that would make this student a strong candidate for the SCA’s Summer Internship Program (“SIP”). Please feel free to type your recommendation on official school letterhead and attach it to this form. Please return your recommendation as a PDF file to the SCA’s SIP coordinator Ruby Saake at SCAINTERNSHIPS@nycsca.org or faxed to (718)752-3047 by March 9, 2018. Please contact Ruby Saake if you have any questions. For more information on SIP, log-in to the SCA website at www.nycsca.org and Click **Careers-Internship Program-Summer Internship Program**.