



**THE NEW YORK CITY
SCHOOL CONSTRUCTION AUTHORITY
SUMMER INTERNSHIP APPLICATION 2017
RECOMMENDATION FORM**

Student's Name _____

High School _____

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 NYC School Construction Authority's Summer Internship Program (SIP). Please feel free to type your recommendation on a separate sheet of paper 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. Please contact Ruby Saake if you have any questions.