



## Faculty for Israeli-Palestinian Peace, USA Inc

### Personal Recommendation

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Applicant: Please fill in your name, and forward to the person who will write the recommendation along with a stamped envelope addressed to FFIPP-USA.

**Applicant's Last Name:**

**First Name:**

Note to Referee: This person has applied to the FFIPP Internship for Human Rights and Just Peace in Palestine/Israel. Students in this program work as volunteers in Israel and the occupied Palestinian territories for one month. Please return the form to us in the envelope provided. Thank you for enclosing your daytime telephone number and email address should it be necessary to contact you to discuss this recommendation further. You may also send this recommendation form directly by FAX to 413-256-3536 or email it to us at [\*\*ffippusa@comcast.net\*\*](mailto:ffippusa@comcast.net)

1. How long have you known the applicant? In What context
  
  
  
  
  
  
  
  
  
  
2. What kind of a student/person is the applicant? How independent and mature is s/he?

3. Will s/he be able to function well under stress in a rapidly changing, potentially dangerous situation?

4. Do you know of any reason(s) why s/he might not be able to participate in this internship?

Name of Referee

University/Company

Position and responsibility

Address

Telephone

email

Date

Signature

**FFIPP-USA**  
**P. O. Box 2091, Amherst MA 01004**  
**413-253-0676**  
**[ffippusa@comcast.net](mailto:ffippusa@comcast.net)**