



# CAMP DEL CORAZON

A non-profit organization providing year-round opportunities for children with heart disease.

## LETTER OF RECOMMENDATION

Applicant Name:

To:

Title:

Address:

I am applying to be a participant in the Camp del Corazon PACE Program and would like your support. PACE stands for the Progressive Adult Congenital Experience. It will teach me about leadership skills, and assist me in the transition from a teen to a young adult living with congenital heart disease. Please complete the following questions in a letter of recommendation and mail it directly to Camp del Corazon. Their address is, Camp del Corazon PACE Program; 11615 Hesby St.; North Hollywood, CA 91601. I will be submitting my application to the PACE Program as soon as possible. Your attention to this matter is greatly appreciated.

1. How long have you known the applicant?
2. In what capacity do you know the applicant?
3. Please give your observations about the applicant in the following areas:
  - Community involvement
  - Initiative
  - Ability to work cooperatively with others
  - Areas of special accomplishments
4. What unique perspective, attribute or experience does the applicant bring to the Leadership Program?
5. Other comments?

Your candor is very important. This information will remain confidential.

Sincerely,