



ACADEMIA LEADERSHIP



2019 Student Recommendation Form

Name of student: _____

School Name: _____ Current grade: _____

Name of Reference: _____ Years Known: _____

Teacher Counselor Community Leader Other: _____

PLEASE RETURN VIA:

Online: <https://inside.sou.edu/youth/latino/recommendation-form-submission.html>

By mail: SOU Youth Programs
c/o: Academia Latina
1250 Siskiyou Blvd. Ashland, OR 97520