

Student Recommendation Form

Name of student:		
School:		Grade:
Recommendation should application deadline is M		th your signature across the sealed flap. The
Please complete it in a tin for taking time to fill out		t's application is not complete without it. Thank you
		Email
1. How long have you know	ow this student?	
2. In what capacity have y	you known this student?	
TeacherCom	nmunity Leader Othe	er, please specify:

3.	Descriptors	Superior	Good	Adequate	Weak	N/A
	Ability to work with others					
	Leadership					
	Seriousness of purpose					
	Initiative					
	Persistence					
	Creativity					
	Academic Performance					
	Bilingual Skills					
	Communication Skills					

4. To be considered for ACADEMIA LEADERSHIP, students must show a personal commitment to attend and participate. How can this student benefit from ACADEMIA LEADERSHIP?

5. ACADEMIA LEADERSHIP is looking for participants who can learn and grow their leadership skills, enjoy working in group-settings or are interesting in making a difference in their community and are interested in social justice and social change. Please share any qualities this participant would bring to ACADEMIA LEADERSHIP.

7. Do you feel it would be beneficial for us to contact you? ____ Yes ____ No

Thank you for taking the time to complete this recommendation form. We value your professional opinion in the assessment of this student.

Please return form via:

By mail: SOU Pre-College Youth Programs or Attn: ACADEMIA LATINA 1250 Siskiyou Blvd., Ashland, OR 97520 Email: latinoprograms@sou.edu