

**CONFIDENTIAL**  
**Young Artists Institute**  
**Student Recommendation Form**

*This recommendation must be completed by a current teacher or school administrator.*

Please complete it in a timely manner as the student's application is not complete without it.

**Applications are due by the first Friday in May.**

Name of Student \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_

2. Why do you believe this student would benefit from an arts immersion program?

3. How does this student relate to other students in your classroom or school?

4. We look for a variety of characteristics in students. Please indicate which of the following apply to the applicant:

- Intelligence above average
- Proven leadership ability
- A special talent
- Ability in the written, visual or performing arts
- Creative or productive thinking ability

Give examples illustrating the categories checked above:

5. Are there any behavioral characteristics (e.g. self-discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

6. Would you like us to contact you privately regarding any concerns not addressed in the previous question?  yes  no

**KEEP CONFIDENTIAL- do not return this document unsealed through a parent or student**

**RETURN:**

**by mail:** SOU Youth Programs attn: YAI 1250 Siskiyou Blvd Ashland, OR 97520 in a sealed envelope with your signature across the sealed flap.

**by email:** youthprograms@sou.edu from teacher email (keep CONFIDENTIAL) subject line: YAI and student's name

**in person:** 1388 Siskiyou Blvd. Outreach and Engagement Office (shares parking lot with Omar's Restaurant) 24 hour mail flap in front door. Please deliver in a sealed envelope with your signature across the sealed flap.