

HIGH SCHOOL _____



REFERENCE FORM

PLEASE TYPE OR PRINT WITH BLACK INK

APPLICANT:

STUDENT'S NAME (LAST) _____ (FIRST) _____ PHONE _____

ADDRESS _____ ZIP CODE _____

REFERENCE:

The person named above is an applicant for the Youth Leadership Pinellas program. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

NAME OF REFERENCE _____

POSITION/TITLE _____

SCHOOL/FIRM/ORGANIZATION _____

ADDRESS _____ TELEPHONE NUMBER _____

1. FOR HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

2. WHAT DO YOU CONSIDER THE APPLICANT'S PRIMARY TALENTS OR STRENGTHS? _____

CONTINUED ON BACK

3. COMMENT ON THE APPLICANT'S RELATIONSHIP WITH HIS OR HER PEERS. _____

4. PARTICIPATION IN YOUTH LEADERSHIP PINELLAS REQUIRES PERSONAL INITIATIVE AND CREATIVE TEAM WORK. WHAT UNIQUE QUALITIES WOULD SUGGEST THAT THIS APPLICANT WOULD BE A POSITIVE ASSET TO THE CLASS? _____

5. HOW HAS THE APPLICANT SHOWN AN INTEREST IN COMMUNITY AFFAIRS AND A CONCERN FOR OTHERS?

6. COMMENT ON THE APPLICANT'S DEPENDABILITY. _____

SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM BY OCTOBER 1 TO JUDY MULLICAN – LEADERSHIP PINELLAS

PO BOX 5986 CLEARWATER FL 33758-5986

VIA EMAIL: WWW.LEADERSHIPINELLAS.COM

QUESTIONS: SHANNON KIMBALL – 727-772-9622