

TO THE APPLICANT

Please type or print

Name _____
Last First Middle

Address _____
Street City Zip Code

Youth Leadership Clarksville must receive this form by MAY 7. Be sure to give the form to the person who will complete it. The comments will be used for Youth Leadership Clarksville selection purposes only. Please sign and date the wavier below.

Waiver of Access: I, the undersigned, waive the right of personal access to the reference.

Signature Date

TO THE REFERENCE The person named above is an applicant for Youth Leadership Clarksville. 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. Please return this form by MAY 7 to:

YOUTH LEADERSHIP CLARKSVILLE
P.O. BOX 883 CLARKSVILLE, TN
37041-0883

Name of Reference _____ Phone _____

Position/Title _____

School/Firm/Organization _____

Mailing Address _____

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? _____

3. What do you consider the applicant's chief weakness? _____

4. Comment on the applicant's relationships with his or her peers. _____

(Item 5 should be completed only by a reference who is a principal, counselor or faculty member at the applicant's school.)

5. Applicant's grade point average _____, on a _____ point scale.

6. Please use the scale below to compare the applicant with other high school sophomores or juniors you have known.

	Exceptional	Outstanding	Excellent	Good	Average	Poor	Unable to Judge
Character							
Concern for Others							
Responsibility							
Leadership							
Initiative							
Curiosity							
Ability to work with others							
Maturity							
Poise							
Oral Communication Skills							
Persistence and Drive							
Interest in Community Affairs							
Analytical Ability							

*Ability to explore problems in an orderly manner and generate alternatives

7. Tuition for this program is \$100. Full and partial scholarships are available on the basis of financial need. From your knowledge of the applicant, do you believe that he or she will require financial assistance in order to participate? If yes, please briefly describe why you believe this applicant needs assistance.

Signature
(If other than applicant's principal)

Date