2020 Recommender Form



Thank you for completing this recommendation form for CLYLP’s 2020 High School Programs. This form should be given directly to the student who requested the recommendation so that they may upload directly with their application. Should you have any questions about or need additional information visit: **clylp.org** or email:**applications@clylp.org****.**

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| Recommender Information |
| **Last Name >** |  | **Recommendation Type >** | * **Educator**
* **Community Member** (Church leader, non-profit, employer, etc)
 |
| **First Name >** |  | **Email >** |  |

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| --- | --- |
| **How long have you known the applicant?** (months/years) |  |
| **In what Capacity do you know the applicant?** |  |

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| **Rate the applicant for each of the following statements on a scale from 1 – 5** 1 = Strongly Agree 2 = Agree 3 = Neither Agree nor Disagree 4 = Disagree 5 = Strongly Disagree |
| Demonstrates strong leadership potential | * 1
 | * 2
 | * 3
 | * 4
 | * 5
 |
| Demonstrates initiative  | * 1
 | * 2
 | * 3
 | * 4
 | * 5
 |
| Is motivated in their curricular and co-curricular pursuits | * 1
 | * 2
 | * 3
 | * 4
 | * 5
 |
| Works well with peers in a team environment | * 1
 | * 2
 | * 3
 | * 4
 | * 5
 |
| Has a positive attitude | * 1
 | * 2
 | * 3
 | * 4
 | * 5
 |
| Is open to hearing opposing views or learning new information | * 1
 | * 2
 | * 3
 | * 4
 | * 5
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| **Describe how the applicant would benefit from attending a CLYLP high school program.** (250 words maximum) |
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| **What will you remember most about this applicant?** (250 words maximum) |
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| **Are there any family or community circumstances that we should be aware of?**  |
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| **Any other information we should know about the applicant to better serve them?**  |
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