Youth Leadership Academy 2020-2021

Referral

Name of Person Making the Referral__________________________________________

Position/Title ________________________________________________________________

School/Organization__________________________________________________________

Telephone Number_____________________ Email______________________________

This form should be returned to student or mailed to:
Laura Stutte YWCA 2525 W. 2nd St. Suite 110., Hastings, NE 68901 before July 1,2020.

You have been chosen to submit a referral for __________________________________

who wishes to be selected as a member of the Youth Leadership Academy. Being a member of
the Youth Leadership Academy takes hard work, dedication, and time devoted to the betterment
of the youth and the community. Please rate the applicant on the following skills.

Rating Scale: Rank the youth on each of the following skills using 1 as the lowest score and 5 as
the highest score.

Personal Confidence ____________ Communication ____________
Participation ____________ Listening ____________
Ability to ask for help ____________ Ability to work with others__________
Creativity ____________ Work ethic ____________
Reliability ____________ Decision Making ____________
Ability to problem solve__________

Total: ____________________ number of points possible out of 55 points.

What would be your strongest reason for recommending this person to YLA?

What concerns would you have about his/her involvement with YLA?