



Youth Leadership Academy 2018-2019
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 June 1, 2018.**

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 _____
Participation _____
Ability to ask for help _____
Creativity _____
Reliability _____
Ability to problem solve _____

Communication _____
Listening _____
Ability to work with others _____
Work ethic _____
Decision Making _____

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?