

# BLACK YOUTH LEADERSHIP SUMMIT (BYSI)

## Student Recommendation Form

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Recommendation should be kept CONFIDENTIAL. Do not return this document unsealed through a parent or student. The application deadline is **May 15, 2026.**

Please complete it in a timely manner, as the student's application is not complete without it. Thank you for taking time to fill out this form.

Date: \_\_\_\_\_ Name of reference: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_

2. In what capacity have you known this student?

\_\_\_\_ Teacher \_\_\_\_ Community Leader \_\_\_\_ Other, please specify: \_\_\_\_\_

3. **Descriptors:**                      **Superior**      **Good**      **Adequate**      **Needs Growth**      **N/A**

Ability to work with others					
Leadership					
Seriousness of purpose					
Initiative					
Persistence					
Creativity					
Academic Performance					
Communication Skills					

4. To be considered for **BLACK YOUTH LEADERSHIP SUMMIT**, students must show a personal commitment to attend and participate. How can this student benefit from **BLACK YOUTH LEADERSHIP SUMMIT**?

5. Would you describe this student as a leader or a follower? Please provide an example.

6. Are there any behavioral characteristics (e.g., self-discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

7. Do you feel it would be beneficial for us to contact you? ☐ Yes ☐ No

Thank you for taking the time to complete this recommendation form.

We value your professional opinion in the assessment of this student.

---

Please return form via:

By mail: SOU Youth Programs

or

Email: [youthprograms@sou.edu](mailto:youthprograms@sou.edu)

Attn: BYSI

1250 Siskiyou Blvd.,

Ashland, OR 97520

Recommendation should be in a sealed envelope with your signature across the sealed flap.