

ACADEMIA LEADERSHIP



Student Recommendation Form

Name of student: _____

School: _____ Grade: 10th 11th

Recommendation should be in a sealed envelope with your signature across the sealed flap. The application deadline is **May 1, 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** **Weak** **N/A**

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

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

5. **ACADEMIA LEADERSHIP** is looking for participants who can learn and grow their leadership skills, enjoy working in group-settings or are interesting in making a difference in their community and are interested in social justice and social change. Please share any qualities this participant would bring to **ACADEMIA LEADERSHIP**.

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
Attn: ACADEMIA LATINA
1250 Siskiyou Blvd.,
Ashland, OR 97520

Email: latinoprograms@sou.edu