2009 Students of Color Organizing Conference

RECOMMENDATION FORM

Name of Referrer: _____
Name of Applicant: _____
How do you know the Applicant: _____
Phone number:_____
Please rate the applicant on the following characteristics:

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1 - needs work **2** - fair **3** - good **4** – great!

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1. Leadership: 1 2 3 4
Comments: _____
_____

2. Follow through: 1 2 3 4
Comments: _____
_____

3. Outgoing: 1 2 3 4
Comments: _____
_____

4. Team player: 1 2 3 4
Comments: _____
_____

5. Interpersonal Skills: 1 2 3 4
Comments: _____
_____

6. Why do you think this person should be accepted to attend the 2009 Students of Color Organizing Conference?

_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____

Please feel free to enclose additional information that will tell us more about the candidate. Please fax to 212-727-0254 or email to mdavis@glsen.org.