



Confidential Recommendation
 TYPE OR PRINT IN INK

RECOMMENDATION FORM: To be filled out by a high school or college teacher, employer, or mentor and *mailed directly to the Lead Institute location for which the student is applying.* This form should not be filled out by a family member.

Applicant's Name: _____

INSTRUCTIONS: Each applicant for admission to **Lead Institute** must submit recommendations. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully and **return it directly to the Lead Institute office.** Your comments will be held in confidence.

	Excellent	Good	Fair	Poor	Unknown
Teamwork / Cooperation					
Eagerness to serve					
Follows instructions					
Teachable					
Liked by others					
Concern for others					
Expresses feelings					
Communication skills					
Ability to motivate					
Ability to plan & set goals					
Physical condition / Health					
Self-discipline					
Adaptability / Flexibility					
Creativity					
Judgment / Common sense					
Enthusiasm					
Gratitude					
Positive attitude					
Moral standard					
Openness / Vulnerable					
Honesty / Integrity					
Financial responsibility					
Reliability / Faithfulness					
Response to peer pressure					
Coping w/ personal problems					
Emotional stability					
Self-Image / Self-Esteem					
Spiritual maturity					
Church / Ministry involvement					
Practice of spiritual disciplines					
Appearance / Grooming					
Disposition					
General maturity (emotional & social)					
Mental ability					
Personal motivation					
Industry / Achievement					

BALTIMORE
 P.O. Box 1189
 Eldersburg, MD 21784
 Phone: 443.952.7225
www.LeadINBaltimore.com

FLORIDA
 6780 N. Socrum Loop
 Lakeland, FL 33809
 Phone: 863.815.2903
www.LeadINFlorida.com

GEORGIA
 976 E. Kyle Street
 Cleveland, GA 30528
 Phone: 706.219.2857
www.LeadINGeorgia.com

TEXAS
 P.O. Box 2284
 Weatherford, TX 76086
 Phone: 817.599.5333
www.LeadINTexas.com

In your opinion, this applicant's Christian witness is which of the following?

mature contagious genuine/growing over-emotional superficial
 other: _____

What character strengths or weakness does the applicant possess? _____

Does this applicant have any persistent habits that you feel would restrict him/her from fitting into a fairly intensive leadership training program? _____

Would you recommend this applicant for acceptance into *Lead Institute*?

yes no hesitant, why? _____

Relationship to the applicant is: high school teacher college teacher employer mentor
 Other _____

How long have you known the applicant? _____ years _____ months

How would you describe the relationship: very close fairly close acquaintance minimal

Name & Title: _____

Church/Program: _____

Denomination: _____

Address: _____ City/State/Zip: _____

Telephone: (_____) _____ email _____

Signature: _____ Date ____/____/____

Include any additional comments in a letter of reference and please return in sealed envelope directly to Lead Institute location for which the student is applying.

Mailing address and contact information for each location is listed below.

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