



LETTER OF RECOMMENDATION FORM

Completed Recommendation Forms should be emailed to NextStopBroadwayCS@gmail.com

TO BE COMPLETED BY APPLICANT:

Applicant's Name _____

Email _____ Phone # _____

TO BE COMPLETED BY REFERENCE: (Non-family member, i.e. teacher, mentor, etc.)

Please rate the applicant on the following:

CHARACTERISTIC	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNKNOWN
Genuine interest in learning						
Integrity						
Leadership						
Commitment to Excellence						
Responsibility						
Likelihood of success						
Commitment to the community						

Please explain why this individual would be a good candidate for a CIT (Counselor in Training) or Counselor position:

Reference's Name _____

Title/Occupation _____

Relationship to Applicant _____

Signature _____ Date _____