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| --- | --- |
| Name of Applicant: |  |

**Applicant Instructions**

Give this form to your current Principal. Please provide your Principal with a stamped addressed envelope.

**Principal Instructions**

The student listed above is an applicant for Leadership Lincoln. The program works to enhance the knowledge and leadership skills of high school students by motivating and empowering them to be committed to their community. The program seeks youth who are beginning to show leadership potential and an interest in the community. **All applicants must have approval of their current school principal to attend nine seminars during school hours in 2023-2024 and two seminars during school hours in 2024-2025.** Principals may designate another school staff member (e.g. Assistant Principal or Counselor) to complete this approval form.

The Selection Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. Application materials will be reviewed in confidence. Applicants will not be considered unless all application forms are postmarked (mail)/received (email) by the deadline. Contact Youth Leadership Lincoln with any questions about this reference or the program. This form can be made available in alternate formats on request.

|  |  |
| --- | --- |
| Name: |  |
| School: |  |

1. The applicant meets the criteria of being academically sound.

* Yes
* No

1. Please let us know if you feel the applicant:

* is an excellent candidate for the Leadership Lincoln Youth cohort
* is a good candidate for the Leadership Lincoln Youth cohort
* might not be appropriate for the Leadership Lincoln Youth cohort

1. Do you feel the applicant has an interest in leadership or giving back to the community?

* Yes
* No

1. Please rate your perception of the applicant’s skills in the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Top 10% of students his/her age |  | Average |  | Needs Improvement |
| Responsibility |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Concern for others |  |  |  |  |  |

1. Please use the back of this sheet to tell us anything else you would like for us to know about the applicant.