



**UNIVERSITY OF CENTRAL FLORIDA**  
LEAD SCHOLARS ACADEMY

## Application Recommendation Form

**To the student:** Please print out a copy of this form to give to your guidance counselor, principal, community advisor, etc. for them to complete. You may submit this form along with the rest of your application materials or have your evaluator send this form directly to our office.

**To the recommender:** Please complete the recommendation form based on your interactions with the student in the following areas by checking in the appropriate boxes. Please mark for each category. The student will need to submit this form along with other application materials, so please be aware that this is not confidential. Alternatively, you may submit this form directly to our office if you prefer. You may also submit a separate letter of recommendation if you wish.

**Name of student:** \_\_\_\_\_

**In what capacity have you interacted with the student?** (club/community advisor, coach, etc)  
\_\_\_\_\_

**For how long have you known the student?** \_\_\_\_\_

Topic	Very Strong	Strong	Average	Weak	No observation
Ability to work with others					
Commitment to a project, cause, etc.					
Communication skills					
Enthusiastic					
Initiative					
Interest in academically studying leadership					
Involvement					
Leadership potential					
Leadership skills					

**Additional comments regarding strengths or weakness of student:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Evaluators:** Please hand this completed form back to the LEAD Scholars Academy applicant or send it directly to:

LEAD Scholars Academy  
University of Central Florida  
P.O. Box 160126  
Orlando, FL 32816-0126

**Fax:** 407.823.3942  
Please call the LEAD Scholars Academy at  
407-823-2223 if you have any questions.