

# Junior Leadership Macomb Reference Form

*This student is applying to participate in Junior Leadership Macomb, a civic leadership program for high school students. Students will gain new information on the assets/issues of Macomb County through group discussions, field trips and interactive exercises. Additionally, students explore careers in the county and region.*

Please complete this form to the best of your knowledge and return by mail to Leadership Macomb, 14460 Lakeside Cir. Ste 220, Sterling Heights, MI 48313, fax to 586.792.2803, or scan and email to Julie Petkoff at [jpetkoff@leadershipmacomb.org](mailto:jpetkoff@leadershipmacomb.org)

**Return by 5/25/2019. Thank You!**

Referral for: \_\_\_\_\_  
(Student's Name)

Referral by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your relationship with the applicant? (Please circle)

Teacher      Counselor      Employer      Coach      Pastor/Minister      Other: \_\_\_\_\_

Are you a graduate of Leadership Macomb? (Please Circle) yes / no

How long and in what setting have you known the applicant? \_\_\_\_\_

The student displays or possesses (check all that apply):

<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Integrity or Character
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Good Study Habits	<input type="checkbox"/> Goal Setting Skills
<input type="checkbox"/> Good Social Skills	<input type="checkbox"/> Empathy	<input type="checkbox"/> Strong Work Ethic
<input type="checkbox"/> Leadership Skills	<input type="checkbox"/> Ability to work well with others	

Please comment on the student's leadership skills and potential:

Please comment on the student's sense of responsibility:

Please share any additional comments on a separate sheet or in an attachment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date