

RECOMMENDATION

All recommendations must be received in the Institute office BEFORE June 30. All replies are confidential. PLEASE COMPLETE BOTH SIDES OF THIS FORM. This form may be scanned and emailed directly to leadershipwa@awb.org or mailed directly to the ASSOCIATION OF WASHINGTON BUSINESS INSTITUTE, PO Box 7933, OLYMPIA WA 98507. ~

NAME OF APPLICANT: _____ DATE: _____

RECOMMENDER: _____

Personal Business Volunteer/Community

To the Applicant: This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a leader in your industry.

To the Recommender: The Leadership Washington Program is intended for persons who have demonstrated leadership potential in their industry. May we please have your assistance in judging this candidate through your frank evaluation of his/her abilities and attitudes? (This recommendation will be held in confidence and should be returned directly to the Institute office in order for the candidate's application to be considered.)

I know the applicant: Thoroughly Fairly Well Superficially

State the nature and duration of your knowledge of the applicant: _____

Please rate based on a scale from 1 to 5 with one being Acceptable and five being Excellent

	Rating	Comments
Esteem in which he/she is held in the community		
Ability to communicate		
Demonstrated leadership		
Potential for growth through this program		
Ability to work with others		
Overall assessment of leadership potential		



RECOMMENDATION

We would like your frank, confidential statement based on your knowledge of the applicant. Please indicate your reasons for believing that the applicant and the industry he/she currently works in will benefit through his/her participation in the Leadership Washington Program.

Signature of Recommender: _____

Name: _____

Company: _____

Mailing Address: _____

Telephone: _____

Email: _____