



Youth Ambassadors Program with South America



Personal Reference Form

(please use additional space if needed)

For the Applicant: Below, fill in your name and give this form to a teacher or other adult outside your family who knows you well. Ask the person to serve as a reference for you and to fill out the form. This reference is to be submitted via email to yapsa@amizade.org or mailed to: 305 34th Street, Pittsburgh, PA 15201, no later than **February 23rd, 2015**.

Applicant Name _____

For the Reference: The student named above is applying to take part in a Youth Ambassadors Program with Bolivia and Peru, a program of the U.S. Department of State, Bureau of Educational and Cultural Affairs Administered by Amizade Global Service-Learning. The student will travel on a 23-day exchange program to Bolivia and Peru with other students and adult mentors from Southwestern Pennsylvania and West Virginia. The selected students will be in a challenging academic environment and intensive leadership training. To succeed, the participants must be highly motivated, and be able to adjust to living and working with people of different social and cultural backgrounds. We value your honest assessment of the applicant in helping us select the most appropriate participants. If you would like to add additional comments, we encourage you to do so. Your answers will remain confidential.

Please indicate your opinion of this applicant's ability to meet the challenges of this program

_____ I recommend this student

_____ I have minor reservations about recommending this applicant

_____ I have major reservations about recommending this applicant

_____ I do not recommend this student

How long, and in what context, have you known this applicant?



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What are the applicant's strengths?

What are the academic or personal areas in which this applicant needs more development?

Please describe the applicant's behavior with respect to authority, peer relationships, and do you think the applicant would adapt well to unfamiliar environments and new situations?

Name (printed): _____

Signature: _____ Date: _____

Please return the completed form and any additional comment to Sara Noel at YAPSA@amizade.org or 305 34th Street, Pittsburgh, PA 15201.

Due February 23rd, 2015