

Students: Please give this form to your reference person, with an addressed and stamped envelope, for mailing directly to CMAP. The form is to be filled out by a teacher, counselor, mentor, or community leader.

Mail completed application and essay to:

Future Leaders in Planning
Chicago Metropolitan Agency for Planning
233 South Wacker Drive, Suite 800
Chicago, Illinois 60606

Reference forms can also be sent electronically to Marisa Prasse at mprasse@cmaphillinois.gov. To access an electronic version of this form or for more information, please visit <http://www.cmapillinois.gov/about/involvement/flip>.

Reference forms for *Future Leaders in Planning* must be postmarked by Monday, May 15, 2017, to meet the deadline.

Dear teacher, counselor, mentor, or community leader, you are being asked to complete the following reference form for

S/he is applying to participate in ***Future Leaders in Planning***. For this leadership development program, we are seeking energetic and enthusiastic teens interested in voicing their concerns for the future of our region. Participants in ***FLIP*** will get opportunities to learn more about our seven county region and share their thoughts and ideas with other teens in the program. Students will also get to meet regional leaders who make key decisions on urban planning issues in our communities.

Please rate this student's academic performance compared to his/her peers: ____ superior ____ good ____ average ____ poor

Please rate this student's overall character compared to his/her peers: ____ superior ____ good ____ average ____ poor

On a scale of **1** (lowest) to **4** (highest), please rate the student on the following:

____ self discipline

____ reliability

____ analytical skills

____ leadership

____ cooperation with others

____ commitment to obligations

____ ability to follow directions

____ academic ability

____ independence

____ originality

____ initiative

____ integrity

Please describe your relationship to the above candidate and briefly explain any exemplary action s/he has taken to make a positive impact in the community (school community, local community, church community, etc.).

Why do you believe the applicant should be chosen to participate in this program?

(Attach a separate sheet if necessary.)

Signature of Recommender _____ Date _____

Name of Recommender (print) _____ Phone _____

Relationship to Candidate _____ E-mail _____

