COMMUNITY LEADER RECOMMENDATION

Applicant’s Name: ___________________________ Reference Title: ___________________________
Reference Name: ___________________________ Organization: ___________________________

PART I:
How does the applicant compare in overall promise with other youth whom you have interacted with throughout your career? Please check one statement below:

☐ Top 1%      ☐ Top 10%
☐ Top 5%      ☐ Top 20%
☐ Top 10%
☐ Other: __________

PART II:
Please indicate the level of your recommendation of the applicant for the South Carolina Commissioner’s School for Agriculture. Please check one statement below:

☐ Highly Recommend      ☐ Recommend      ☐ Recommend with reservations      ☐ Do Not Recommend

PART III:
Please rate the applicant in the indicated abilities or characteristics to the best of your knowledge and provide evidence of specific occasions or incidents that you feel illustrate this behavior in the individual.

1. Maturity – aware of correct time and place for behaviors in situations with peers, mentors and professionals.

☐ Top 1%      ☐ Top 5%      ☐ Top 10%      ☐ Top 20%      ☐ Other: __________

Provide Example/Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Collaboration with Peers – Is able to interact with peers in a respectful and effective manner to accomplish tasks.

☐ Top 1%      ☐ Top 5%      ☐ Top 10%      ☐ Top 20%      ☐ Other: __________

Provide Example/Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendation Guidelines:
1. Who may complete this form: Any representative from the community who knows the applicant and can comment on their character and abilities. Past examples include: industry representative, employer, mayor, fire chief, pastor, troop leader, 4-H advisor, FFA advisor, district commissioner, etc. The choice of reference is the applicant’s.
2. Please complete this form and return it immediately to the student in a sealed and signed envelope. Application materials are due March 31st, 2017. The application will be disqualified if it is late or incomplete. Visit the SCCSA website to submit electronically: www.clemson.edu/cafls/sccsa

For information, contact (864) 656-1534 or SCCSA-L@clemson.edu
3. Demonstrated Leadership – Willing to lead when appropriate or as needed.
   - Top 1%
   - Top 5%
   - Top 10%
   - Top 20%
   - Other: ____________
   Provide Example/Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Enthusiasm towards Learning – Desires to learn; develops appropriate and thoughtful questions
   - Top 1%
   - Top 5%
   - Top 10%
   - Top 20%
   - Other: ____________
   Provide Example/Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. What makes this candidate unique among his/her peers?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Have you observed a time when this individual has overcome a challenge or difficulty? What was it and how was he/she able to succeed?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

7. Please include any additional comments or information about this candidate you feel would be of value for the committee to consider. Please list any concerns you may have.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Part V: Community Leader Signature
The information I have provided is complete and correct. I have read the Recommendation & Review Guidelines and the Program Background. I understand that the applicant can be disqualified on the basis of grade level ineligibility, previous SCCSA participation, plagiarism or falsification of information.

Signature: ____________________________________________________________ Date: ____________

Application Deadline: March 31st