Reference for Alternative Spring Break Participant or Student Leader

Indiana State University

Applicant's Name: _____

Applicant is applying for: ___ ASB participant ___ student leadership team

_____

Name of Reference (please print) Title Phone #

Waiver of Access: *The Family Educational Rights and Privacy Act of 1974* permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The applicant's signature below constitutes such a waiver. The lack of signature implies that the person for whom this reference is being written shall have the right to read this reference.

___ I DO NOT choose to waive access to recommendations submitted by the reference below.

___ I CHOOSE TO WAIVE access to recommendations submitted by the reference below.

APPLICANT SIGNATURE: _____ DATE: _____

To the Reference: The person above has applied to participate and/or act as student leader for the ISU Alternative Spring Break program. The ASB Planning Committee would greatly appreciate your honest evaluation of this individual.

As an **ASB participant**, this individual would travel with other ISU students to spend a full week participating in day-long, sometimes labor-intensive service projects and reflecting and processing their experiences with the group. Participants are also required to attend three pre-trip and one post-trip meetings, participate in fundraising activities, and keep a journal.

As a member of the **ASB Student Leadership Team**, the individual would participate in team meetings and take on one or more additional roles, such as leading reflection activities, setting up fundraisers, designing tee-shirts, and so on.

In what capacity have you known the applicant? _____

_____

How long have you known the applicant? _____

For the *participant* position, would you:

___ Highly Recommend
___ Recommend
___ Recommend w/ Reservations
___ Do Not Recommend

For the *student leader* position, would you:

___ Highly Recommend
___ Recommend
___ Recommend w/ Reservations
___ Do Not Recommend

May we contact you regarding the applicant? ___ Yes ___ No

Feel free to attach additional comments or write on the back of this page.

_____

Signature Date

Please return to: CPSCE, Attn: Alternative Spring Break
Tirey Hall134A, Indiana State University
Terre Haute, IN 47809