Please ask a current or past teacher, counselor, club advisor, or community leader to complete this form.

 Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student is an applicant for the Student Ambassadors Program with the Mid-Carolina AHEC, Inc. Health Careers Program. Student Ambassadors will help represent the Health Careers Program at events, help during recruiting events & high school visits, actively participate in monthly curriculum meetings, and facilitate lively discussions. Successful candidates enjoy working with people; are reliable, professional, and trustworthy individuals. Please complete and return the reference form to the student in a sealed envelope or forms may be faxed/sent to: Erica Davis, Health Careers Program Coordinator, PO Box 2049 Lancaster, SC 29721, fax: (803) 286-4165. Applications will not be processed until the selection committee receives this form. Deadline to receive this form is September 10, 2011. Thank you for your assistance.

Rate the applicant on the factors listed below. Check the appropriate box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Factor | Outstanding | Excellent | Good | Average Fair | Not Observed |
| Interpersonal Skills |  |  |  |  |  |
| Academic Skills & Knowledge |  |  |  |  |  |
| Motivation & Perseverance |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Self-esteem & Confidence |  |  |  |  |  |
| Responsibility & Self-direction |  |  |  |  |  |
| Contribution to Community |  |  |  |  |  |
| Ability to Work with Groups |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Dependability |  |  |  |  |  |

What specific attributes would this candidate offer to the Student Ambassadors Program? (Your additional comments may be continued on the reverse side.)

* I recommend the applicant without reservations.
* I recommend the applicant, but have these reservations:
* I DO NOT recommend the applicant as a Student Ambassador.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference (please print) Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature School Name/Department/Company Name