



Office of Congresswoman Veronica Escobar Congressional Youth Advisory Council
Recommendation Form

TO BE COMPLETED BY STUDENT:

Student's Full Name: _____

High School Name: _____

City: _____ State: _____ ZIP: _____

Recommender's Full Name: _____

Relation (i.e., teacher, counselor, troop leader, coach, employer): _____

TO BE COMPLETED BY RECOMMENDER:

Please rank the applicant's proficiency in the following areas (with ten representing the highest caliber):

<i>Analytical Skills</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
<i>Classroom or Team Engagement/Discussion</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
<i>Growth Potential</i>										
<i>Initiative</i>										
<i>Written Expression</i>										
<i>Overall Character</i>										

Please tell us about the student. Detail the student's intellectual promise, motivation, maturity, integrity, and other qualities that will allow them to excel in the TX-16 Congressional Youth Advisory Council (CYAC).

Do you affirm the applicant has sufficient maturity and integrity to participate in the CYAC? *(Please initial.)*

_____ Yes _____ No

Recommender's Signature: _____ Date: _____

Title/Organization: _____

Telephone Number: _____ Email: _____