I

**Women Leading Broward Class XII**

**Applicant Reference Form**

**TO THE APPLICANT:** You must have two (2) completed references from two (2) separate people who know you well. Please note that these persons may **not** be related to you. Both references must be submitted with your application in order for your packet to be considered complete and eligible for review by the Selection Committee.

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| Applicant Name: | | |
| Reference Name: | | |
| Reference Organization: | Reference Title: | |
| Reference City: | | Zip Code: |
| Reference E-Mail: | | |
| Reference Phone: | | |

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| Are you an alumnus of a WLB or Leadership Broward Program? If Yes – What is your Class Number? |

**TO THE REFERENCE:** Please answer the following questions. If you have any questions, please contact Gabriela Segersbol at the Leadership Broward Foundation, Inc. at 954-767-8866 or via e-mail, gabriela@leadershipbroward.org. Thank you for your assistance.

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| 1. How long and in what capacity have you known the Applicant? |
| 1. What do you consider the Applicant’s primary strengths to be? |
| 1. Why do you feel the Applicant is a good candidate for Women Leading Broward Class IX? |
| 1. Please share any information you believe should be taken into consideration when reviewing this applicant. |
| Reference Signature: Date: |