

**Leadership Broward Class XLIV**

**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’s Organization: | Reference’s Title: | |
| Reference’s Address: | | |
| Reference’s City: | | Reference’s Zip Code: |
| Reference’s E-Mail: | | |
| Reference’s Phone: | | |

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

**TO THE REFERENCE:** Please answer the following questions. As you answer these questions, please consider the applicant’s skills and aptitude as they relate to professional motivation, leadership qualities, empathy for others and personal initiative. If you require more space, please attach additional pages to this reference form. Please return this form to the applicant so that they may submit it with their application. If you have any questions, please contact Andrew Zullo at the Leadership Broward Foundation, Inc. at 954-767-8866 or via e-mail, andrew@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 Leadership Broward Class XLIV? |
| 1. Please describe an instance where you observed the Applicant display his/her leadership capabilities. What was the outcome of the instance described? |
| 1. Please share any information you believe should be taken into consideration when reviewing this applicant. |
| Reference Signature: Date: |