



Name of Applicant: \_\_\_\_\_  
Last First MI

2017 Summer Academy Recommendation Form

PLEASE PRINT OR TYPE

**TO THE APPLICANT:** Complete the top portion and give this form to an adult who knows you well and is not a family member. Once the adult has completed the remainder and returned the form to you in a sealed envelope, return the form with your application package no later than March 1, 2017.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT: I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form or attachments, and agree that the statement shall remain confidential.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO THE RECOMMENDER:** The person named above is being considered for admission to the Summer Academy of the Youth Theological Initiative at Emory University. During this three-week residential program, intellectually talented and theologically curious teenagers and skilled adult teachers will explore Christian theology in an ecumenical and diverse context and imagine new possibilities for the public good. The intense nature of the YTI Summer Academy requires emotional stability and a well-integrated personality. Please make your comments both candid and substantively significant. You may attach additional pages if necessary. If you have any questions about the program, please contact Beth Corrie, director, at [yti@emory.edu](mailto:yti@emory.edu) or 404-727-2917. **Please return the completed form to the applicant in a sealed envelope, after signing the envelope across the seal.** We appreciate your assistance. Please print or type.

1. How long and under what circumstances have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. Describe the applicant's involvement in his/her church, community, or school, paying particular attention to her/his interest in religious, theological or social issues, and the maturity of his/her spiritual development.

3. Please comment on the applicant's intelligence and academic ability, including creativity, curiosity, independence of thought, and ability to explore and communicate ideas within a diverse context.

4. What are the applicant's ways of relating to others (peers and adults), reactions to stress, and typical means of resolving conflict?

5. Can you give us any information about the applicant, his/her family or home life, or other information that might help us come to know him/her better?

6. What makes this applicant unique?

Other comments?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
street address city, state, zip code

Occupation: \_\_\_\_\_ email (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the applicant IN A SEALED ENVELOPE,  
after SIGNING THE ENVELOPE ACROSS THE SEAL.**