



## **Teen Ambassador Recommendation Form**

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### **Applicant for the 2025-2026 Teen Ambassador Program**

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Name \_\_\_\_\_

School \_\_\_\_\_

Individual Completing Recommendation \_\_\_\_\_

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### **To Be Completed by Individual Recommending the Applicant**

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*Thank you for taking the time to recommend this applicant for the Providence Performing Arts Center Teen Ambassador Program. We highly value your responses and will hold your comments in confidence. Please email this completed form to [gmadeya@ppacri.org](mailto:gmadeya@ppacri.org).*

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Please place a check in the column that most clearly represents your opinion of the applicant.*

	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Not Observed</b>
Time management skills					
Participation in group discussions					
Reliability and attendance					
Communication skills					
Open Mindedness					

☐ Strongly Recommend   ☐ Recommend   ☐ Recommend with Reservations   ☐ Do Not Recommend

*Please write three (3) sentences on why we should or should not accept this applicant for the Teen Ambassador Program.*

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