

Imagine the Impact

Reference Form

Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ E-Mail: _____

The following student, _____, is applying to the *Imagine the Impact* Leadership Institute. Please take a few moments to respond to the following questions.

How long how you known this student and in what capacity?

What do you believe are the student's greatest strengths?

What challenges does the student regularly face- personally or in the student's environment?

What do you think that the student would be able to contribute to this program?

Provide an example of a time that you witnessed a display of the student's work ethic.

How have you seen this student demonstrate a desire to live for Christ?

Please Return this form to:
Imagine the Impact
68 North Church St.
Ephrata, PA 17522