

**YOUNG WOMEN'S LEADERSHIP SYMPOSIUM (YWLS)**  
**SATURDAY, NOVEMBER 5, 2016**  
**STUDENT RECOMMENDATION FORM**  
**GREATER SAN ANTONIO AREA HIGH SCHOOLS**

**NAME OF HIGH SCHOOL:** \_\_\_\_\_  
*(Please insert the school name above)*

**Student Name:** \_\_\_\_\_

**Student Age and Grade Level:** Age \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Parent or Guardian Contact Information:**

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
*(Parent, Grandparent, Legal Guardian)*

**Home Address:** \_\_\_\_\_  
*(Street, City, Zip)*

**Contact Telephone Number(s):**

**Office:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Adult (Counselor, Teacher, Parent, Grandparent, Legal Guardian, or  
Organization Leader Submitting Recommendation:**

**Counselor, Teacher or Organization Leader Contact Information:**

**Email Address:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ *(Optional)*

**Reason(s) for Student Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_

***Thank you for your time and recommendations!***

**RSVP DATE: FRIDAY, OCTOBER 14, 2016**

**PLEASE RETURN TO: Mae Marshall at [mae.marshall@texasdiversitycouncil.org](mailto:mae.marshall@texasdiversitycouncil.org)**