



CONGRESS-BUNDESTAG YOUTH EXCHANGE

2022-23 VOCATIONAL SCHOLARSHIP PROGRAM

ACTIVITY SUPERVISOR RECOMMENDATION

PLEASE NOTE: Responses entered into this fillable form will NOT be saved. To save responses, first save this PDF form to your computer. Then, enter responses, re-save and/or print the PDF, and submit via email to CBYX@nacelopendoor.org.

Applicant's Name: _____ Applicant's Telephone: _____

Applicant's Email: _____
Applicant's Email Address Applicant's City State Zip

Supervisor's Name: _____

Name of Activity/Organization/Business: _____

ATTENTION

This form must be filled out by an adult of the student's choice who supervises the student in one of their most meaningful extracurricular activities, either at school, in the community, or at work (paid or volunteer). Upon completion, please email the form to CBYX@nacelopendoor.org and put the student's name in the subject line. **DEADLINE FOR THE COMPLETE APPLICATION IS JANUARY 15, 2022.** Thank you for assisting your student in their quest to participate in the Congress-Bundestag Youth Exchange Vocational Scholarship Program.

ACTIVITY SUPERVISOR

Students today often participate in extracurricular activities or work part-time jobs. Adults who supervise these activities see a student interacting with peers and adults in a non-classroom setting. Because an exchange experience is dependent on interpersonal relationships, your impressions of the student in these settings is important to the Selection Committee, which reviews scholarship applications.

1. What are your impressions of this student's character and personality, especially with respect to relationships with peers and adults?

2. From your observations, how do you think this student would adapt to an unfamiliar environment and new acquaintances?

3. Please describe what impresses you the most (traits, achievements) about this student in the activity you supervise and why.

4. How long have you known this student? _____

5. Check one of the following:

☐ I strongly recommend this applicant.

☐ I recommend this applicant.

☐ I do not recommend this applicant.

☐ I have some reservations.

(Please explain in a separate document.)

We value your opinion. Please include any additional comments:

ACTIVITY SUPERVISOR INFORMATION & SIGNATURE

Name of Activity Supervisor: _____ Title: _____

Email: _____ Telephone: _____

I agree that this checkbox, along with my name above and signature below, constitutes an electronic signature on this CBYX Vocational Scholarship Form. I further agree that this electronic signature is the legally binding equivalent to my handwritten signature.

Signature of Activity Supervisor

Date



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