DESTINATION fellowship
city of philadelphia

Applicant Name _____

Last *First*

Recommendation Form

Thank you for completing this form. Your recommendation, including the narrative portion, will provide us with a better assessment of the applicant and will help us make our decision. You may complete this form in Adobe Reader, save the completed form, and email it as an attachment to destinationfellowship@phila.gov with the name of the applicant in the subject line. If you choose to send this via mail, please send to: Destination Fellowship, Attn: Tara Mohr, Municipal Services Building, 1401 JFK Boulevard, Suite 1430, Philadelphia, PA 19102.

Name _____

Position/Title *Date of Recommendation*

Employer Name /Organization *City, State*

Telephone Number *Email Address*

How do you know the applicant? _____

Please rate the applicant in the following categories.

	Average	Good	Very Good	Out standing	Not Qualified to Judge
Overall Performance					
Intellectual Ability					
Writing Ability					
Oral Expression					
Timeliness					
Initiative					
Demonstrated Leadership					

Overall Recommendation

- Recommend Highly
- Recommend
- Recommend with Reservations
- Do Not Recommend

Use this space to describe the applicant further. You may include more information in additional documents.

- Instances where you witnessed the applicant's overall abilities
- Prior accomplishments of applicant
- Applicant's strengths and weaknesses
- Applicant's potential for achievement

Please be aware that Destination Fellowship may contact you to confirm your assessment or ask additional questions.