



THE AFTER-SCHOOL PROGRAM FOR YOUNG ENTREPRENEURS

Business Development Initiative (BDI) Event Center
 2841 Greenbriar Parkway, Suite 104
 Atlanta, GA 30331
www.GMPTutoring.com/after-school/
 678.920.0507

Recommendation Form

Name of child: _____

Your name: _____

Relationship to child: _____

Your telephone number or e-mail address: _____

How many years have you known this child? _____

Please assess the child's level of:					
	Below age level		At age level		Above age level
Maturity					
Emotional stability					
Discipline/focus			3		
Leadership style	<ul style="list-style-type: none"> • Leader • Follower • "Follows the beat of his/her own drum" • Other: _____ 				

Overall, how strongly would you recommend this child for The After-School Program for Young Entrepreneurs?					
Not at all					Highly
0	1	2	3	4	5

Additional Comments:

 Print Name

 Date

 Signature

Please return **three** copies of this form with your application.
 One must be completed by a parent or guardian, the other two must be completed by non-family members.