

**Koinonia of Upper New York
Young Mens/Womens co-ed KOINONIA Application**

SPONSOR REFERENCE FORM

**TO BE FILLED OUT BY THE SPONSOR: Please return this form to:

Koinonia of Upper New York, Attn: Betsy Schuessler, 3474 Stiles Road, Syracuse, NY 13209
(315-399-4949 or butterflybetsy12@hotmail.com.) This form should **NOT** be returned to the candidate.

This form should be filled out **completely and thoroughly**. It will help us to place the candidate in a small group where he/she will benefit the most. The KOINONIA leadership will keep this information in STRICT CONFIDENCE, and all forms will be destroyed at the end of the weekend.

Candidate Name: _____ Church: _____

NOTE: KOINONIA IS A RELIGIOUS EXPERIENCE FOR HIGH SCHOOL UPPER-CLASSMEN/WOMEN

Please circle the appropriate adjective and comment as necessary.

Exercise of Leadership: None Poor Good Excellent

Comments: _____

Maturity: Immature Average Mature Very Mature

Comments: _____

Area(s) of Leadership: Church School Athletics Social Student Government Drama/ Music Other

Comments: _____

Relationship to Peers: Quiet Withdrawn Talkative Domineering Well-Liked

Comments: _____

How long have you known the candidate? _____ In what capacity? _____

On a separate sheet, please finish/add additional comments that you feel could help the leadership team understand and deal sympathetically with the candidate. Comments about the candidate's home life, personality, attitude toward life, doubts, difficulties and hopes might be of great help.

Sponsor's Printed Name: _____ Phone: _____

Address: _____

Email address: _____

Sponsor's Signature: _____