Letter of Recommendation

*External Sponsor or Mentor*

*Fields with an \* are required*

**Name of EDGE Applicant:**

|  |  |
| --- | --- |
| \*First Name: Click to enter text. | \*Last Name: Click to enter text. |

**Your Information:**

|  |  |
| --- | --- |
| \*First Name: Click to enter text. | \*Last Name: Click to enter text. |
| \*Company:  | \*Title: Click to enter text. |
| \*Preferred Method of Contact – Phone or Email: Email –  |
| \*In what capacity do you know the applicant? Click to enter text. |
| \*How many years have you known the applicant? Click to enter text. |
| \*Discuss the applicant’s ability in her profession and her capacity for increased leadership: Click to enter text. |
| \*Discuss the applicant’s leadership skills, including 2 strengths and 1 area for improvement: Click to enter text. |
| EDGE is as much about contributing to the peer group as it is about increasing knowledge and skills. To that point, what valuable qualities will this person being to her EDGE cohort?Click to enter text. |
| Any additional information you would like to share? Click to enter text. |

Please save and ***return this form via e-mail*** to Andrea Krueger, at andrea.k.krueger@gmail.com

Please feel free to contact Andrea via email with any questions or concerns.