

GROWING INTO WOWACHINYEPI

Peer Recommendation

Recommender can be a counselor, mentor, teacher, advisor, or coach.

You may also fill out this form online at
<https://form.jotform.com/210464696903158>

Recommender Name:	Who are you recommending?
Work Affiliation:	Title/Position:
Address:	
Telephone Number:	Relationship to applicant:
E-mail Address:	Known youth applicant how long (years):

Questions regarding youth applicant:

1. Please tell us why you are recommending this young person for the CRYP's Growing Into Wowachinyepi program.
2. What are the first two words that come to mind to describe the applicant?
3. How do you think this young person will continue to make an impact in the community?

Additional Comments:

Please email, fax, or mail all forms to:

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