



# Applicant Recommendation

(To be completed by APWU local, state, national officer or community leader)

Name of Applicant to the Leadership Institute \_\_\_\_\_

## RECOMMENDER'S CONTACT INFORMATION

Name \_\_\_\_\_

APWU Local or Other Organization \_\_\_\_\_

Officer or Title \_\_\_\_\_

Craft:       Clerk       Maintenance       Motor Vehicle Service       Support Services

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please state why you believe the applicant should participate in the APWU Leadership Institute. Explain how long you have known the applicant and your sense of his or her potential as a future union leader. Please return this form to the applicant. The deadline for applications and recommendations to be received at APWU HQ is June 26, 2026.

If you have any questions about the recommendation form, please send an email to [Institute@apwu.org](mailto:Institute@apwu.org).