



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 13, 2025.

If you have any questions about the recommendation form, please send an email to Institute@apwu.org.