

3. Upon return, how do you feel that the recipient:
 - a) has changed or grown as a result?

 - b) has served as an example for others in his or her community?

 - c) has grown in leadership ability?

4. How will the recipient's experience be used within your organization to benefit the student and your programs?

5. Any other comments you wish to make to us.

Contact signature: _____ Date: _____

Return to:

Crystal Fund
Oak Park-River Forest Community Foundation
1049 Lake St. #204
Oak Park, IL 60301