

## Returning Peer Buddy Application

This application must be completed and turned in to \_\_\_\_\_ (name of coordinator)  
in room \_\_\_\_\_ (place to turn in application) no later than \_\_\_\_\_ (date)

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Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

School year for which you are applying: \_\_\_\_\_

Year you last participated in the peer buddy program: \_\_\_\_\_

Grade received: \_\_\_\_\_

Describe your last experience with the peer buddy program:

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List any hobbies and/or interests you have:

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Describe the top 3 qualities you have that make you a good candidate for the peer buddy program:

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What interested you in applying to return to the peer buddy program?

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You must have at least two (2) teacher recommendations, to be completed below:

**Teacher 1:**

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Why do you recommend this student for the peer buddy program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

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**Teacher 2:**

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Why do you recommend this student for the peer buddy program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by coordinator**

**Date application received:** \_\_\_\_\_ **Accepted:** \_\_\_ Y \_\_\_ N