

LCDP VIII Supervisor Statement

to be completed by the supervisor of an LCDP VIII applicant

Supervisor, please complete the following:

Applicant's name, email, and phone: _____

Supervisor's name, email, and phone: _____

Date: _____

Note: For program details, please refer to the [LCDP VIII Call for Applications](#).

1. How strong is the applicant as a candidate for the LCDP? (Check one.)

- Excellent
- Very Good
- Good
- Fair
- Poor

Please explain your response. _____

2. Would you support the applicant's full participation in the LCDP? (Check one.)

- Highly support
- Would support if selected
- Do not support at this time

3. What concerns, if any, do you have regarding the applicant's participation in the LCDP?

4. If the applicant is accepted into the LCDP, will your office support them financially as required? (For clarification on how the LCDP is funded in your office, please contact your [Line/Staff Office LCDP Coordinator](#).)

- Yes
- No
- Maybe (please explain) _____

5. Do you have any additional comments? _____

Thank you.