

RECOMMENDATION FORM FOR YOUTH LEADERSHIP UPSON 2024-2025

***Students must have two recommendation forms filled out by two different individuals.
It can be a teacher, counselor, pastor, etc.
Recommendations cannot be from immediate family members.***

Student's Name: _____

Length of time you have known student: _____

In what capacity have you known student? _____

Please list student's leadership accomplishments and make comments regarding leadership behavior: _____

What do you feel this student could contribute to Youth Leadership Upson? _____

Understanding that some students may exhibit more potential than accomplishments in this area, please comment on the leadership potential this student has exhibited: _____

Comment on the benefits you believe this student would receive from participating in Youth Leadership Upson: _____

Feel free to give any additional comments here to support your recommendation of this student: _____

Your Name: _____

Address: _____

Phone Number: _____

**Note: This recommendation form can be submitted on the Chamber Website.
Visit www.thomastongachamber.com – Community – Youth Leadership Upson
*Forms can be typed and uploaded digitally.***

**DEADLINE TO SUBMIT INFORMATION TO CHAMBER IS FRIDAY,
AUGUST 22, 2025, AT 12:00PM.**

**This is a crucial part of the students' application. Please make sure
that this form is returned to the Chamber by the deadline. Points will
be deducted from the students' application if recommendation forms
are not in by the deadline date and time.**

Your Signature: _____