

## YOUTH LEADERSHIP UPSON INFORMATION SHEET – 2025-2026



**The deadline to submit Youth Leadership Upson Documents will be Friday, August 22, 2025, at 12:00pm.**

### **PARTICIPANTS:**

Any student that is a resident of Upson County and is a member of the Sophomore, Junior, or Senior class can participate in the Youth Leadership Upson Program. We encourage participation from all three classes.

A Home-Schooled or Private Schooled student may apply, but they must live in Upson County or be an Upson EMC Customer.

Applicants must complete an application, plus have the recommendations of two adults. Please send in the original Youth Leadership Application. The application must be handwritten by the applicant.

When the judges are considering an applicant to recommend, they look for those who have:

- ❖ Demonstrated leadership qualities through their actions with service to school, church, civic or youth activities
- ❖ Demonstrated strong leadership potential
- ❖ Involvement in sports, after-school activities, clubs, or organizations
- ❖ Show initiative, enthusiasm, and communicate effectively
- ❖ Show a genuine interest in making a positive impact
- ❖ Integrity of character
- ❖ Interest in people / works well with others
- ❖ Potential for contributing to the program
- ❖ Eager to grow through new experiences
- ❖ Strong recommendations explaining the leadership behavior in the applicant

## **JUDGES THAT SELECT THE CANDIDATES FOR YOUTH LEADERSHIP UPSON ARE NOT LOCAL!**

### **PURPOSE:**

The purpose of Youth Leadership Upson shall be to identify emerging leaders among the youth of our community, and to provide for them an organized training program in the skills necessary to act in leadership capacities, to address issues of concern to them in their personal, academic, extracurricular and community involvement.

### **PROGRAMS:**

Participants can expect to be trained by leadership development professionals, be involved in group discussions, participate in presentations, benefit from guest speakers and become actively involved in session topics. Participants will gain insight and knowledge of the Thomaston-Upson community.

## **SELECTION CRITERIA:**

Participants in Youth Leadership Upson are selected after consideration of their recognized and potential leadership and the merit of their application and recommendations. Interviews are only necessary if the margin between two students is too narrow. At the conclusion of Youth Leadership Upson, participants will have developed a network of in-depth relationships with students from throughout the community and will have gained a deeper insight and broader knowledge of leadership skills and community issues.

## **ATTENDANCE POLICY:**

**Attendance at all programs is required.** If an emergency arises, a written explanation must be submitted to the Youth Leadership Upson Committee. The committee will then determine if the absence is excused or not. If more than one program is missed, the student will not graduate from the program.

## **HUBERT HANCOCK LEADERSHIP AWARD**

Upson EMC and the Thomaston-Upson Chamber of Commerce HAVE A PARTNERSHIP THAT ENHANCES the Youth Leadership Upson Program, with the Hubert Hancock Leadership Award - Washington Youth Tour, the prize for the “most outstanding” of the group. The award, named locally to honor Hubert Hancock, longtime Upson EMC director and Chamber supporter, will give a selected student the opportunity to join others from Georgia for a two-day Georgia Tour, then venture on with students from across the nation on an incredible week in Washington, D.C. known as the Washington Youth Tour. The tour is a fast-paced once in a lifetime opportunity to see how America works. The student is selected by his/her peers, as well as attendance with every program, participation to the fullest degree and submission of all applications, references, and permission slips on time and accurately. Then, out of town judges conduct the interviews of the six finalists.

## **LETTERS OF RECOMMENDATION:**

Two letters of recommendation are required. Recommendations can be submitted on the Chamber website, turned in with the Youth Leadership Application, or sent via email directly from the writer to [mruttinger@thomastongachamber.com](mailto:mruttinger@thomastongachamber.com). Be sure to follow up with those you have asked to fill out your forms. Do not wait until the last minute to ask someone to do this for you.

These forms should be written by:

1. One school official (teacher, counselor, etc) who knows you.
2. One other adult who knows you or has worked with you in some organizational or supervisory capacity (minister, employer, non-profit etc).

**Online letters of recommendation will need to complete a recommendation form (handwritten or typed) and upload the final document. Follow up to ensure that your recommendation forms are sent in. They are a crucial part of your application. APPLICATION AND RECOMMENDATION FORMS MUST BE TURNED IN AT THE CHAMBER OF COMMERCE BY 12:00pm, FRIDAY, AUGUST 22, 2025. Failure to return all parts of the application will mean that you will not be considered for this program. Please contact Madison at [mruttinger@thomastongachamber.com](mailto:mruttinger@thomastongachamber.com) to find out if recommendations have been completed online.**

# YOUTH LEADERSHIP UPSON

P.O. BOX 827  
110 WEST MAIN STREET  
THOMASTON, GEORGIA 30286

## 2025-2026 APPLICATION

**\*Applications must be HANDWRITTEN by the applicant.\***

\*May we suggest you make a copy of this application before you begin writing.

\*Please note if you are selected for the program and are dual enrolled, that it will be your responsibility to let your professors know about any days you may miss due to the program.

### I. BASIC INFORMATION

Name \_\_\_\_\_  
Last First Name Called

Home and Mailing Address \_\_\_\_\_  
Street and Number

City / State Zip Code Date of Birth: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ Parent's Cell Number: \_\_\_\_\_ - \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

Name of School you attend: \_\_\_\_\_ School Grade: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Are you employed? If so, where and for how long: \_\_\_\_\_

Do you play sports or participate in any after-school activities? If so, what: \_\_\_\_\_

List any clubs & organizations of which you are affiliated: \_\_\_\_\_

Special awards and/or honors received: \_\_\_\_\_

What are you currently doing that demonstrates your leadership abilities? Whether at your school, in your community, or your church?

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Have you ever faced a challenge in a leadership role? How did you handle it?

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What is your greatest strength and please explain why?

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From your perspective as a young leader, what challenge do you see impacting your community the most right now?

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Please offer suggestions or a solution as to how to tackle the challenge you presented above?

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Name something that you feel is unique about Upson County and why. \_\_\_\_\_

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What knowledge do you hope to gain from your participation in Youth Leadership Upson? \_\_\_\_\_

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**II. COMMITMENT**

Participation requires attendance at all regularly scheduled monthly Youth Leadership Upson meetings/activities. Dates will be given at orientation.

Will your work or other commitments compete with your ability to participate in monthly activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

If yes, explain what adjustments you expect to make: \_\_\_\_\_

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Participants for the Youth Leadership Upson program must have the support of their employer. The signature of the supervisor is necessary as an indication of support. Please leave this blank if you are not currently employed.

Participants for the Youth Leadership Upson program must have the support of their coach(s). The signature of the coach is necessary as an indication of support. Please leave this blank if you are not currently playing a sport.

_____ Signature of Coach/Sponsor	_____ Sport
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**APPLICANT COMMITMENT**

I understand the purpose of the Youth Leadership Upson program. If I am selected, I will commit the necessary time and resources to complete the program. Even though emergencies do arise, if I miss more than one session or trip, I understand that I may be asked to withdraw from the program. If selected, I understand that I will be asked to sign a code of conduct committing myself to this organization and the behavior and rules it stands for. In signing this application, I understand and accept these commitments and agree to honor them. I am aware that any information that I place on this application is subject to review and if any information is incorrectly or dishonestly placed on this application, I will be asked to withdraw from the program.

_____ Applicant Signature	_____ Date
_____ Parent's Signature	_____ Date

Return to the Chamber office at: Thomaston-Upson Chamber of Commerce  
110 West Main Street  
Thomaston, GA 30286

***Your Application and two recommendation forms must be received by 12:00 pm on Friday, AUGUST 22, 2025.***

Youth Leadership Upson is a program of the Thomaston-Upson Chamber of Commerce and is sponsored by Upson EMC.

**Applicants must complete an application form and have two references to be considered for the program. Please feel free to write on the back of this application or add additional paper if you need more space.**

# RECOMMENDATION FORM FOR YOUTH LEADERSHIP UPSON 2025-2026

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

Student's Name: \_\_\_\_\_ Length of time you have known student: \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

What leadership qualities set this applicant apart from their peers? \_\_\_\_\_

In what ways has this applicant made a positive impact in their school or community? \_\_\_\_\_

What do you feel this applicant could contribute to Youth Leadership Upson? \_\_\_\_\_

What areas of growth or development do you think this applicant would benefit from through a program like Youth Leadership Upson? \_\_\_\_\_

How well does the applicant work with others in a group setting? Is the applicant responsible and dependable? \_\_\_\_\_

Is there anything else you believe the application judges should know about this applicant? Feel free to give any additional comments here to support your recommendation: \_\_\_\_\_

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Your Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Note: This recommendation form can be submitted on the Chamber Website. Visit [www.thomastongachamber.com](http://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 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: \_\_\_\_\_ Date: \_\_\_\_\_



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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_