

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: _____

Your Name: _____ Employer:_____

Email Address: _____

Cell 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 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:_____