

RECOMMENDATION FORM FOR YOUTH LEADERSHIP UPSON 2026-2027

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 student? _____

Please describe specific leadership qualities this student demonstrates. Include an example of when you have observed these qualities. _____

In what ways has this student made a positive impact in their school or community? _____

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

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

Please share one word or phrase that best describes this student and explain why. _____

Please describe this student's teamwork, communication, and willingness to contribute when working with others.

Is there anything else you believe the application judges should know about this student? 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
THURSDAY, AUGUST 20, 2026, AT 4:00PM.**

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: _____