

**RECOMMENDATION FORM FOR
YOUTH LEADERSHIP UPSON**

*Students must have two recommendation forms filled out by two different individuals.
It can be a teacher, counselor, pastor, etc.*

2019-2020

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: _____

Please return completed form to:

Youth Leadership Upson Committee
Chamber of Commerce
P.O. Box 827
Thomaston, GA 30286

**DEADLINE TO SUBMIT INFORMATION TO CHAMBER
MONDAY, SEPTEMBER 9 @ 4 PM**

All forms must be received by Monday, September 9 by 4:00 p.m.

This is a crucial part of the student's 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: _____