COBB YOUTH LEADERSHIP

Class of 2016-2017

Letter of recommendation for: _____

High School: _____

Please write a paragraph or two describing the applicant and why you believe that he/she would both benefit and add to the Cobb Youth Leadership program and mail to the address below. You are welcome to type or use your own letterhead.

***Students: only one recommendation letter is required for your application.**

Cobb Chamber of Commerce
ATTN: Katie Guice
P.O. Box 671868
Marietta, GA 30006

(Deadline is Friday, April 22, 2016)

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Signature: _____

Relationship to applicant: _____