



**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. Please mail to the address below. You are welcome to type or use your own letterhead.**

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

**Cobb Chamber of Commerce  
ATTN: Katie Guice  
1100 Circle 75 Parkway, Suite 1000  
Atlanta, GA 30339**

Or scan and email to [kguice@cobbchamber.org](mailto:kguice@cobbchamber.org). A separate letter on letterhead is also acceptable.

**(Deadline is Friday, April 17, 2026)**

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Relationship to applicant:**