

The State Chamber's LEADERSHIP NEBRASKA
A Program of the Nebraska Chamber of Commerce & Industry
Recommendation Form

To be completed by Sponsor/Endorser and either included with candidate application or mailed/delivered to:

Leadership Nebraska Selection Committee
P.O. Box 95128
Lincoln, NE 68609

Instructions:

Please use this form or use the information on this form as a guideline for a separate letter of recommendation. The recommendation form/letter must be received no later than October 15th. As you answer the questions below, use additional paper if needed, but please be as concise as possible. Please type or print legibly in black ink.

Name of Applicant _____

Length of Acquaintance _____

Type of Relationship [check appropriate response(s)]

Close Personal Relationship Numerous Business Contacts Numerous Social Contacts

Principally by Reputation Occasional Business Contacts Occasional Social Contacts

Give details of your knowledge of applicant's participation in civic, community and church activities:

Other pertinent information:

Reason applicant will make an outstanding LEADERSHIP NEBRASKA participant:

Name of person making recommendation (please type or print)

Date