

Letter of Recommendation

Name: _____

Relationship to Applicant: _____

(Must be an adult **other** than applicant's parent or guardian)

Please write a letter addressing the applicant's strengths and why he/she would be an asset to the Youth Partnership for Health, an advisory group of teens that gives input and feedback on policies and programs to the Colorado Department of Public Health and Environment (CDPHE) on issues affecting young people such as substance abuse, violence, injury, sexual health, health inequities, etc.

Sponsoring Adult Signature

Telephone

Date