



LETTER OF RECOMMENDATION FORM
YOUTH LEADERSHIP ACADEMY (YLA) TRAINING PROGRAM

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Thank you for agreeing to complete this Youth Leadership Academy (YLA) Letter of Recommendation Form. This form will be used as your letter of recommendation. YLA is a 4-Day leadership and advocacy development training program for Youth with Disabilities in the Commonwealth of Virginia. YLA focuses on personal, professional and career development and is held on a university campus in the month of July.

Please email the completed Letter of Recommendation Form to: training@vbpd.virginia.gov.
RECOMMENDATIONS SHOULD BE RECEIVED NO LATER THAN FRIDAY, MARCH 28, 2025, BY 5:00 P.M.



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NAME OF YLA APPLICANT:

Reference name:

Relationship to applicant:

How many years have you known the applicant:

In what capacity do you know the applicant:

- School Counselor
- Mentor
- Religious leader
- Friend
- Supervisor
- Other, please describe:

Tell us about the applicant. Include leadership, work, or club/organization experiences.

Share with us why this applicant should be considered for admission into the **Virginia Board for People with Disabilities (VBPD) Youth Leadership Academy (YLA) Training Program.**