

Women's Policy Institute

Attachment Three: Letter of Recommendation and Involvement

Applicant last name

First name

This form should be completed by the applicant's supervisor or employer. If the applicant is unemployed an individual from their affiliate group (e.g., neighborhood association, church group) should complete this form. Please limit this section to these two pages.

- 1. Please address the applicant's qualifications to participate in the Women's Policy Institute.**

2. Please address the organization's or affiliate's capability and interest to, through the applicant's acceptance in the Women's Policy Institute, take on a greater role advocating for public policies that advance an agenda for women and girls in California.

Your Name

Title