



Length of Employment \_\_\_\_\_

How many days per month are you out of the City/County? \_\_\_\_\_

Direct Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have the support of your employer to take the time required for the program? \_\_\_\_\_

List, in order of importance to you, community activities in which you have participated:

YEAR	ACTIVITY/RESPONSIBILITY	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want to be a participant in this program? \_\_\_\_\_

What personal or professional improvement would you like to gain from being part of this Leadership program? \_\_\_\_\_

A limited number of scholarships are available. If you feel your participation depends on a scholarship – please explain.

\_\_\_\_\_

**LEADERSHIP PROGRAM COMMITMENT/AGREEMENT**

I understand the purpose of the leadership program. If I am selected, I agree to attend the orientation, the retreat and at least six class sessions, and to pay tuition of \$650.00

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Corporate Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title