

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

Direct Supervisor's Name _____ Phone _____

Supervisor e-mail address _____

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

Please provide the names and contact information for two (2) references who would recommend you for selection to participate in the Carter County Leadership program:

1. _____

2. _____

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

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

Signature of Applicant

Signature of Corporate Authorization

Date

Name and Title

Participant Agreement

I understand that the purpose of Carter County Leadership Tomorrow is to develop individuals who are able and motivated to assume community leadership positions. In order for the program to be effective and achieve its purpose, attendance at all sessions for the entire day by all participants is necessary. I understand the necessity of requiring attendance and will, **if selected** for this year's class, agree to the following commitments (please initial all items to which you agree):

_____ I will attend the 2-day retreat in September at Doe River Gorge.

_____ I will travel to Nashville with the class for State government day in March.

_____ I will travel to Washington, D. C., with the class for U. S. Government Day.

_____ I understand that I am expected to attend all program sessions, unless family or work-related issues make it absolutely unavoidable and agree to participate in makeup activity, as appropriate. The program days are generally scheduled the second Tuesday of each month from October through April, from 8:00 a.m. to 3:30 p.m.

_____ I understand that the Leadership program requirements include a community impact project that may require meetings beyond the monthly program sessions and I agree to participate in it.

_____ I have discuss these requirements with my employer and have his//her complete support.

_____ My tuition of \$ 650.00 will be paid.

Please print name of person or company to be billed. _____

_____ Date _____
Participant Signature

_____ Date _____
Supervisor Signature

_____ I am interested in talking with someone about financial aid. _____

Phone