



## Leadership Connect Application

Name:

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Last	First	Preferred Name
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Business:

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Business Address:

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Street	City	Zip
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Phone: Business \_\_\_\_\_ Cell \_\_\_\_\_

Email: Business \_\_\_\_\_ Personal \_\_\_\_\_

Title or Responsibility:

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Supervisor's Name & Title:

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Supervisor's Address, if different from above:

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Street	City	Zip
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### Education

(List colleges, business or trade schools and/or other specialized training)

School/College/University	Degree/Certificate	Major/Area of Study
_____	_____	_____
_____	_____	_____

## Organizations and Activities

(Please list, in order of importance to you, community, and civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member) – **note these may be published**

Organization                      Approximate Dates of Membership    Position Held or Participation

1. \_\_\_\_\_

2. \_\_\_\_\_

Summarize how you would use your experience after the program to benefit your employer, your community and yourself.

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Describe any leadership opportunities you have had thus far. What have you gleaned from those experiences?

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Special Awards, Honors, Extracurricular Activities and Any Special Honors or Awards for Leadership Activities

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## References

(One employment related and one non-employment related)

Name/Title:

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Business Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Cell \_\_\_\_\_

Email: Business \_\_\_\_\_

Name/Title:

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Business Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Cell \_\_\_\_\_

Email: Business \_\_\_\_\_

**Commitment**

**Attendance at a 2-day retreat in September, day-long sessions, held each month, October through April, and a graduation program in May, are mandatory. Persons who cannot adjust their schedules to accommodate these 10 days should not apply. Class members are expected to attend each day session in its entirety.**

**Acknowledgment**

I have discussed with my supervisor my intention to participate in the Leadership Connect program. I understand that attendance at all scheduled Leadership sessions is mandatory, because my participation is essential to the program's success. I have reviewed with my supervisor the program schedule and have received permission to be absent from work on all scheduled dates. I have also discussed with my supervisor the importance of my participation in each session and that absence could result in my dismissal from the Leadership Connect Program.

I understand that the \$2200 tuition is non-refundable and is due at the time of acceptance.

\_\_\_\_\_  
Signature of applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Employer's signature

Date: \_\_\_\_\_

(This verifies the employer's understand of attendance and tuition requirements)