

Leadership Lenawee Application 2019-2020

A program of the Adrian Area Chamber of Commerce

**Thank you for your interest in Leadership Lenawee!
Application deadline is August 1, 2019 at 4:00 p.m.**

Participation in Leadership Lenawee is open to any employee of an organization that is a member of any Lenawee County based Chamber of Commerce (Adrian Area Chamber of Commerce, Brooklyn/Irish Hills Chamber of Commerce, Morenci Chamber of Commerce, Tecumseh Area Chamber of Commerce).

A maximum number of 25 participants will be invited to participate and will be selected by the Leadership Lenawee Committee. A waiting list will be available.

Applicants **must** have the full support of the organization or corporation they represent. Attendance at the monthly sessions is mandatory.

Application must be typed. Handwritten applications will not be accepted.

Date: _____

Personal Data:

First Name: _____ Last Name: _____

First Name or Nickname Preferred: _____

Date of Birth: _____ Male: _____ Female: _____

Home Address: _____

Business Address: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Education:

Name and location of School	Dates	Degree/Major
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1. _____	_____	_____
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2. _____	_____	_____
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Are you currently considering any continuing education? _____

Employment:

Current Employer: _____ Date of Hire: _____

Title: _____

Briefly describe your current job responsibilities:

Business/Professional Affiliations (if any):

Organization(s):

Assignment(s)/Position(s):

Community Involvement:

Include community, civic, religious, government, social, athletic, or other activities. Indicate your current role(s) in the organization(s) at this time: (member, officer, etc.)

Organization(s):

Assignment(s)/Position(s):

General Information (Please respond to these on a separate page, submitted with this application)

What do you consider your most significant community volunteer activity to date, and why? (200 words or less on a separate page)

From your perspective, what are the three most pressing community issues facing Lenawee County? What actions and/or role would you like to take to solve this problem? (500 words or less on the same document where you recorded your answer to the previous question).

How did you learn about Leadership Lenawee?

What strengths, leadership skills, and abilities would you contribute to this year's class? (250 words or less on attached page)

What do you personally hope to get out of the Leadership Lenawee program? (no word limit)

Please provide any additional information you wish the Leadership Lenawee Selection Committee to consider (no word limit).

Tentative Schedule of Sessions

All sessions take place at a place to be determined from 8:30 a.m. until 4:30 p.m.

September 10, 2019	January, 15, 2020
October 8, 2019	February 11, 2020
November 12, 2019	March 10, 2020
December 10, 2019	April 14, 2020

Graduation ceremony and program: May 12, 2020 at 11:30 a.m.

Commitment

To successfully complete Leadership Lenawee, a participant is expected to attend all sessions.

I understand the purpose of Leadership Lenawee and if I am selected, I will devote the time and resources necessary to complete the program. I understand the commitments and agree to be bound by them by signing this application. I understand that no portion of the tuition is refundable.

Applicant Signature _____ Date _____

Tuition

If accepted into leadership Lenawee, you and your employer/sponsor will be billed for the tuition fee which covers all program costs, including meals during monthly sessions, and materials. The cost is \$750 per person. Tuition will be billed by the Adrian Area Chamber of Commerce.

The invoice for the program should be sent to: _____

Participant Information

Name/Company: _____

Address: _____

City/State/Zip: _____

A limited number of partial scholarships may be available.

Do you need financial assistance to participate in the program? Yes _____ No _____

If yes, please complete the tuition assistance form and return it with this application.

Employer Commitment

This application has the approval of this organization and the applicant has our full support, which includes the time to participate in the program.

Business/Organization _____

Contact Name: _____

Our organization belongs to the _____ Chamber of Commerce.

Signature: _____ Title: _____

BEFORE SUBMITTING THIS APPLICATION, PLEASE VERIFY THE FOLLOWING:

- Application form is completely filled out and signed.**
- Copy of current resume is included.**
- One letter of professional reference is included.**
- One letter of personal reference (other than family member) is included.**
- Calendar cleared for 100% attendance at sessions.**

If you have any questions or need additional information, please contact
Bill Kenyon at (517) 403-1762 or wkenyon26@gmail.com.

Send completed application to:
Leadership Lenawee
Adrian Area Chamber of Commerce
230 W. Maumee St.
Adrian, MI 49221

Applications (with electronic signatures included) can be emailed to Patti Kintner at pkintner@adrianareachamber.com