

Leadership Warren County Confidential Application

The ideal class size is between twelve and twenty people. The Admissions Committee will select from among the applicants those individuals who will use their skills and knowledge for the long-term benefit of Warren County, thus fulfilling the program's mission to launch community leaders who will improve the quality of life and the economic vitality of the region. Selection is based upon the information provided in this application.

INSTRUCTIONS:

1. Answer **all** questions completely and concisely. If a question does not apply to you, answer "none" or "n/a."
2. Type your answers. Print the application form. Handwritten or typed applications are also acceptable. You may also submit the application online using the **SUBMIT** button.
3. Have your employer sign the Employer Agreement, then sign the Applicant Agreement.
4. Mail the application to: Leadership Warren County, c/o Warren County Chamber of Business and Industry, 308 Market Street, Warren, Pa. 16365. You may also email the application to jdecker@wccbi.org. The application can be mailed at any time but must be received by September 9, 2013.

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ Home email address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

Position/Title: _____

Work Address: _____

Work Email Address: _____

I prefer that all correspondence be sent to: Home Work

Do you have the full support of your employer for the time required to participate effectively in Leadership Warren County? Yes No

How many years have you lived in Warren County? _____

How many years have you worked in Warren County? _____

How did you learn about Leadership Warren County?

If other, how? _____

OPTIONAL QUESTIONS: Your responses to the following questions are helpful in assisting Leadership Warren County to build a diverse class.

Age _____ Gender Male Female

PLEASE COMPLETE THE FOLLOWING QUESTION WITH A SHORT ESSAY:

How do you believe the Leadership Warren County program will benefit you personally and in your community and civic life?

Please list the community, civic, political, religious or professional organizations of which you have been a member, including any offices you held within the organization:

Please list your recent (last ten years) employment history, beginning with the most recent:

Please summarize your educational background, including diplomas, vocational training, degrees/certificates, professional institutes, etc.

Rank your prime motivation for applying to this program (1-6, with 1 being the highest):

_____ Learning more about Warren County	_____ Professional Networking
_____ Prestige of the Program	_____ Exploring Volunteer Opportunities
_____ Employer Recommendation	_____ Skills Development

Tuition:

Tuition for each participant is \$1,800. An invoice will be sent, so enter the dollar amounts to be billed to each party:

Tuition to be paid by employer: _____ Tuition to be paid by applicant: _____

Tuition to be paid by other sponsor: _____

Sponsor name and address: _____

Amount of scholarship requested: _____

Total: \$1,800

If you are requesting scholarship assistance, please use the space below to justify your need:

AFFIRMATION

Note that Leadership Warren County is a serious commitment on the part of your employer and requires a serious commitment on the part of participants. Attendance is necessary to ensure the total value of the LWC is realized. Less than full participation by all classmates diminishes the quality of the program. Three unexcused absences preclude graduation from the program.

By submitting this application, I understand and affirm that the purpose of Leadership Warren County is to refine my leadership skills and enhance my commitment to Warren County. If selected, I will devote the time and resources necessary to complete the program. I understand the above commitments, agree to be bound by them, and, upon graduation, will apply my enhanced leadership skills to become an active volunteer in Warren County.

Applicant Signature: _____ Date: _____

EMPLOYER/SPONSOR AFFIRMATION

I have reviewed the application and acknowledge my support for the applicant's participation in Leadership Warren County. I understand the financial obligation (if any is listed in the above application), and the time needed for the applicant's monthly class time and project team commitment. I agree to support him/her in this program.

Employer/Sponsor Signature: _____ Date: _____