



Application for Participation

CONFIDENTIAL APPLICATION
CLASS OF 2017-2018

APPLICANT
CHECKLIST
☐ Complete

OFFICE
CHECKLIST
☐ Completed

INSTRUCTIONS:

- Completed application with appropriate signatures are **due no later than 5pm on Friday, August 25, 2017.**
- If approved, tuition of \$750.00 is **due no later than 5pm on Thursday, September 7, 2017.**

GENERAL INFORMATION:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	Last Name:	First Name:	Middle Initial:	First & Last Name for Nametag:
Home Address:				Length of Residence in Navarro County area:
City:	State:	Zip:	Home Phone:	
E-mail:		Office Phone:	Office Fax:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell phone:	
Ethnic Background: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other (please specify):				
Previous Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?		Preferred Mailing Address: <input type="checkbox"/> Business <input type="checkbox"/> Home		

EMPLOYMENT:

Present Employer:	Corsicana Chamber Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title or Responsibility:	Length of Time with Employer:		
Business Address:	City:	State:	Zip:
Number of Employees: <input type="checkbox"/> More than 250 employees <input type="checkbox"/> 50 – 250 employees <input type="checkbox"/> Less than 50 employees			

Type of Business:

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Government |
| <input type="checkbox"/> Advertising/Marketing/PR | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Law: Practice |
| <input type="checkbox"/> Arts/Entertainment/Media | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Distribution/Logistics | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Other: (please specify): |

EDUCATIONAL BACKGROUND:

School/University:	City, State:	Dates (from-to):	Degree:	Major:

PROFESSIONAL & OCCUPATIONAL ACTIVITIES:

1. Organization: Responsibility:	Dates of Participation:	Position:
2. Organization: Responsibility:	Dates of Participation:	Position:

VOLUNTARY COMMUNITY ACTIVITIES:

List the key non-professional activities (charity, religious, school involvement, task forces or commissions) in which you have been an active participant in Corsicana or other cities in which you have lived/worked.

1. Organization: Responsibility:	Dates of Participation:	Position:
2. Organization: Responsibility:	Dates of Participation:	Position:
3. Organization: Responsibility:	Dates of Participation:	Position:
4. Organization: Responsibility:	Dates of Participation:	Position:
5. Organization: Responsibility:	Dates of Participation:	Position:
6. Organization: Responsibility:	Dates of Participation:	Position:

In an average month, approximately how many hours are spent on voluntary community activities? _____ Hours

SPECIAL HONORS/AWARDS:

GENERAL:

Please answer in the space provided limiting each response to 100 words or less. **No attachments please.** Additional pages will not be given to the Selection Committee.

I. What do you consider to be your most significant professional or community contribution? Briefly explain why you consider it to be significant.

II. What do you consider the most significant issue facing the Corsicana area today? Briefly describe how you could help influence this issue in the next five years.

III. Why should you be selected for Leadership Corsicana?

IV. What do you hope to gain from participation in Leadership Corsicana?

TUITION:

If admitted to the class, a tuition fee of \$750.00 shall be paid no later than **5pm on Thursday, September 7, 2017**. Tuition is non-refundable after September 7, 2017.

COMMITMENT STATEMENT:

(Please initial to indicate acknowledgement of each requirement)

I agree to the following guidelines for Leadership Corsicana. I understand that to graduate from Leadership Corsicana, I am expected to:

_____ Attend one full day session each month for nine months, as scheduled (or satisfy any session make-up requirements no later than Friday, May 25, 2018)

_____ Attend the scheduled Leadership Orientation on September 14, 2017 (**attendance is mandatory**)

_____ Participate as a volunteer for at least one other Chamber, City/County, or social service function

I have cleared my calendar to participate in the 2017-2018 Leadership Corsicana Program. I commit to attending the orientation and all monthly sessions. If applicable, I have my employer's support as indicated below. If selected, I will devote the time and resources necessary to complete the program. Even though emergencies do arise, any participant missing more than eight hours (one session) will be asked to make up the session by either attending a School Board meeting, a City Council meeting, County Commissioner's meeting, Economic Development meeting, Planning & Zoning meeting or by scheduling a police ride-along.

Applicant Signature _____ Date _____

EMPLOYER COMMITMENT:

This application has the approval of this organization to participate in Leadership Corsicana 2017-2018. The applicant has our full support, which includes the time required to participate in the program. We also agree to pay \$750.00 in tuition costs for this applicant to participate in the program.

Name/Title _____

Mailing Address _____

E-mail Address _____ Phone _____

Signature _____ Date _____

Please submit completed application by 5pm on August 25, 2017 to the address below. You will be contacted by Wednesday, August 30, 2017 to approve or decline your application. If approved, please mail a check for \$750.00 made payable to Corsicana & Navarro County Chamber of Commerce to:

Corsicana & Navarro County
Chamber of Commerce
120 N. 12th Street
Corsicana, TX 75110

Deadline to apply is 5pm on August 25, 2017.