

# Confidential Application

Primary Basis of Selection

# the Chamber

## Leadership · Manitowoc County



Leadership Manitowoc County (LMC) is a community engagement program that brings together potential leaders from various segments of the community in a program that encourages, motivates and prepares participants for assuming leadership roles in their place of employment and in the Manitowoc County community.

Sponsored by:



***Please type or print in black ink.***

Name: \_\_\_\_\_  
Last First Middle

Employer/Organization Name: \_\_\_\_\_

Employer/Organization Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer/Organization Phone: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will your job allow you to participate fully in the program? \_\_\_\_\_

Do you have support of your employer for the time required to participate in Leadership Manitowoc County? \_\_\_\_\_

What do you consider your highest responsibility, skill, or career achievement to date?

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Years in the Manitowoc County area: \_\_\_\_\_

## ***Education and Experience***

List name and city of high school, college(s), business/trade schools, training, certifications:

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Special awards, honors, prizes for academic or work performance:

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Current hobbies and interests:

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Special honors or awards:

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Organizations and Activities

List, in order of importance to you, up to three organizations in which you have been or are currently active.

Organization	Dates	Office/Position Held

What was your most significant responsibility, challenge, and accomplishment during your participation in the above organizations?

Applicant's Personal Statement

Why do you want to participate in Leadership Manitowoc County?

What challenge(s) do you perceive Manitowoc County is facing today? Describe how you would address them and what are your recommendations for solutions?

Describe the positive aspects of living and working in Manitowoc County.

## References

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_ City: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_ City: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_ City: \_\_\_\_\_

Is there anything else you would like to note about yourself or your experience that would aid in the selection process?

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## Commitment

One full weekday on the third Wednesday of each month - September through May. I understand the purposes of the Leadership Manitowoc County program and if I am selected, I will devote the time and resources necessary to complete the program.

**Attendance, ALL DAY, every day, at all monthly sessions, is critical to the understanding of the program and to the members of the class.** Absences for personal or professional reasons must be approved in advance by The Chamber Executive Director.

Absences must reported to The Chamber of Manitowoc County by 7:45 a.m. on the morning of a scheduled Leadership Manitowoc County day. More than two (2) absences may be reason for dismissal from the program with no portion of the tuition to be refunded.

**Attending only partial days are not permitted, unless approved by the Executive Director, and/or in case of an emergency.** I understand the above commitments and agree to be bound by them in signing this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Tuition

Regular \$550 or Non-profit \$275

If accepted into the Leadership Manitowoc County program, who should The Chamber of Manitowoc County bill for the tuition?

Name \_\_\_\_\_

Are you a non-profit organization who is in need of financial assistance to participate in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, and you are selected, a representative of Leadership Manitowoc County will contact you.

You are encouraged to seek a sponsor if your employer is not paying the tuition.

## Employer Commitment

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

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Applications should be mailed to:

The Chamber of Manitowoc County

Attn: Leadership Manitowoc County

1515 Memorial Dr.

Manitowoc, WI 54220

Or emailed to [info@chambermanitowoccounty.org](mailto:info@chambermanitowoccounty.org)

For additional information, please call The Chamber office, 920.684.5575