

# 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:**

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

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## ***Applicant's Personal Statement***

Why do you want to participate in Leadership Manitowoc County?

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

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

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## 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?  
\_\_\_\_\_  
\_\_\_\_\_

## 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 be 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