



Deadline: September 1, 2024

A Community Program offered through Colorado Mountain College

Name _____

Address (home) _____

City _____ State _____ Zip _____

Telephone (home) _____ EMail _____

Length of Residency in Colorado _____ Length of Residency in Summit County _____

How long do you plan to remain in Summit County? _____

Business/Organization _____

Title/Position _____

Address (work) _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (other) _____

Please list the names of two people, other than immediate family members, who can discuss your qualifications to participate in Leadership Summit and are knowledgeable about your leadership capabilities and potential.

Name & Title _____ Phone _____

Business/Address _____ Email _____

Name & Title _____ Phone _____

Business/Address _____ Email _____

You may attach resume in lieu of completing questions 1-4 if applicable.

1. Previous Employment (Begin with most recent – limit to past 3 positions). Include employer, position, your responsibilities, dates employed.

2. Education (schools, city, dates enrolled, degrees).

3. Special Awards (awards, accomplishments, honors, offices held, etc. during your academic and professional career).

4. Describe up to four present or past volunteer community involvement experiences. Include any leadership positions you held, your responsibilities, and the dates of your involvement (beginning with the most recent).

5. What do you hope to gain from your participation in Leadership Summit?

6. What do you feel are the three most significant problems facing Summit County today and why?

7. Please identify and discuss one particular issue, opportunity, or problem you feel is important to our mountain community and how a class "topical challenge" or debate could be conducted around this issue.

COMMITMENT

I understand that I have committed to attend all of the sessions. I understand the purpose of the Leadership Summit program, and if I am selected, I will devote the time and resources necessary to complete the program and have arranged for the necessary time off with my employer. I understand that even though emergencies do arise, any participant missing more than two sessions, for whatever reason, may be asked to withdraw from the program. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature _____

Date_____

Supervisor (if applicable):_____

Date_____

Please submit applications to:

Kathy Stang
Leadership Summit
Colorado Mountain College
107 Denison Placer
PO Box 2208
Breckenridge, CO 80424
970-333-4526/Fax: 970-453-2209
K.stang@hotmail.com