



Leadership Sierra Vista Application

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Instructions: Complete all parts of this form, sign and return by July 26th, 2019.

Applicant Information					
Full Name:					Date:
Address:		Last	First	M.I.	
Address:		Street Address		Apartment/Unit #	
Address:		City		State	ZIP Code
Home Phone:	()	Home Email Address:			
Work Phone:	()	Work Email Address:			

Education						
High School:			City & State:			
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:						
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:						
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Employment History (List most recent first)					
Company:			Phone:	()	
Address:			Supervisor:		
Job Title:					
Responsibilities:					
Company:			Phone:	()	
Address:			Supervisor:		
Job Title:					
Responsibilities:					

1.	How does your current position relate to providing leadership to the Sierra Vista area?
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2.	What leadership roles do you hold outside of your workplace at this time (if any)?
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3.	What do you consider to be your most important civic contribution?
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4.	What is it about your volunteer and civic activities that you enjoy most?
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5.	What do you feel are the three most significant problems facing the Sierra Vista area today?
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6.	What do you feel needs to be done to address one of these issues?
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7.	Why do you think you're a good candidate for this program?
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8.	What do you Hope to get out of this program?
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Check here if you wish to apply for a scholarship. To be eligible you must be a Chamber Member Home Based Business or a Sole Proprietor in business in Sierra Vista for at least 2 years and able to commit to the programs schedule.

If you are not chosen for the Scholarship do you still want to be considered for this program? Yes No

Personal Recommendations

List two persons (with daytime phone numbers) other than your employer who are knowledgeable about your leadership performance and potential.

Name _____ Phone Number _____

Phone Number

Name _____ Phone Number _____

Phone Number

Tuition

Tuition for each participant is \$495.00 and is non-refundable. Payment is due **once selected**. Commitment:

Please Submit

Along with this application please submit a professional photo (can be emailed), a business card and your resume.

I understand that I must attend ALL of the scheduled sessions and that the use of communication devices (e.g., cell phones, i-pads, laptop, etc.) will not be permitted during any session. There will be limited time during breaks and bus journeys for these devices.

Signature

Date

For Your Employer – Please have your employer sign here, acknowledging your application to this program as well as the commitment it will require.

Name _____

Title

Signature

Date