

Leadership Lawrence County

Application for Admission

Class of 2025-2026





Complete the application along with a short (one page or less) essay on why you would like to participate.

Cost: Check for \$400 made payable to Bedford Area Chamber of Commerce.

Mail to: Bedford Area Chamber of Commerce

1116 16th Street

Bedford, IN 47421 (or request to be invoiced)

Email to: member@bedfordchamber.com

First Name	M.I La	st Name:		
M/F: Number of year	s lived in this area:			
Employer:			_FT/PT:	
ob Title:			Work Phone:	
Email Address:			_	
Nork Address:				
City:		State:	Zip:	
Home Address:				
City:		State:	Zip:	
Home Phone:	Cell:			
Where should LLC correspondence be	sent? Home Work	-		
ducation:				
Name of School/University:			City/State:	
Dates:	Degree:		Major(s):	
Name of School/University:			City/State:	
Dates:	Degree:		Major(s):	
Name of School/University:			City/State:	
Dates:	Degree:		Maior(s):	

Organizations and Activities:

List in order of importance up to four commun have been involved with in the last five years:	nity, civic, professional, business, religious, social, athletic, and/or other organizations you
Name of Organization:	Date of Membership:
Positions Held:	
Name of Organization:	Date of Membership:
Positions Held:	
Name of Organization:	Date of Membership:
Positions Held:	
Name of Organization:	Date of Membership:
Positions Held:	
Awards or Distinctions:	
Approximate hours per month that you commi	it to community, civic, professional, and/or other organizations:
	Phone:
	Phone:
Commitment:	
I understand the terms and commitments invo	olved in participation with Leadership Lawrence County.
Attend class each month from 8:30am	n to 3:30pm (Dates: 9/26, 10/31, 11/21, 12/19, 1/30, 2/27, 3/27, 4/24, 5/29)
Attend graduation ceremony on May	29, 2026
Complete an individual class project	
Co-host a minimum of one class day	
I verify that the information supplied on this ap	pplication is accurate.
Signature:	Date:



I am aware of the applicant's time commitment to LLC, and if selected, will commit release time for their involvement in the program.

Employer Representative: ______ Date: _____

Position: ______Phone: _____