



LEADERSHIP ACADEMY

PLEASE COMPLETE THIS FORM WITH ALL INFORMATION REQUESTED FOR EACH SECTION.

Name (first, middle, last):	Company/Organization:	Job Title:		
Home Address:	Home City:		State:	Zip:
Cell/Home Number:	Home E-Mail Address:	Mail Address:		
Work Address:	Work City:		State:	Zip:
Work Telephone:	Work E-Mail Address:			
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For written communication, would you prefer that we use your home or work mailing address? Home Wo				_
For electronic communication, would you prefer that we use your home or work email address? Home Work				
PLEASE INCLUDE A CURRENT RESUME WITH THE SUBMISSION OF YOUR APPLICATION. OTHER CONSIDERATIONS				
Why is Leadership Academy the right program for you? What skills or knowledge do you hope to gain?				
Please share something about yourself that we would not learn from reading your resume and explain the impact this has				
had on you as a leader:				





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EXPECTATIONS

Leadership Academy is a ten-month program comprised of half-day sessions starting in September as well as a graduation ceremony in June.

Commitment to participating in Leadership Academy centers on involvement in all program days and graduation. Attendance is strongly encouraged for the ten program day sessions and graduation. Missing more than the equivalent of 2 sessions will jeopardize a participant's eligibility for graduation.

s \$1,999, which covers all program related expenses during the 10-month program refunds after the class start date.
ithin 30 days of notification and/or no later than September 1st.
ats required of the Leadership Academy program. I am willing to attend a Academy and devote the time necessary to be a contributing member of these obligations I will not be permitted to graduate from the program and
☐ I am responsible for the \$1,999 tuition fee. ☐ My employer/sponsor is responsible for tuition (obtain signature below)
Date
have the support and commitment of their employer. The signature of the of complete support of the applicant's participation. Financial support nt's tuition. Release time support indicates willingness to provide the d monthly program days. WILL COMMIT TO: (check all that apply) Release time support Financial support
Print Name/Title/Organization
Email Address
ation includes: signatures