



HAMILTON COUNTY

Leadership Academy

Application

Completion of this application is required. All information is confidential.

Class size is limited. Participants are selected based on leadership potential and demonstrated community interest.

Candidates who are not selected are encouraged to apply again for future classes.

Name _____

Nickname _____ M/F _____

Home address _____

City, state, zip _____

Home phone (____) _____ Cell phone (____) _____

Home email _____

DOB _____ Years living/working in Hamilton County _____

Current employer _____

Title _____

Work address _____

City, state, zip _____

Work phone (____) _____ Fax (____) _____

Work email _____

If selected to participate, the tuition bill should be sent to:

(if tuition assistance is needed, please attach a separate sheet explaining the need)

Application Agreement

I understand that successful completion of this program requires full attendance at the opening two-day retreat, closing retreat, and 7 of the 9 monthly sessions, plus completion of the required class and civic projects. I also understand that a tuition fee of \$1,250 will be charged to accepted applicants. My signature warrants that all information contained in this application is true and correct. If my application is selected, I will conduct myself in a manner befitting a community leader. I will devote the time and tuition resources required to fully participate in the Hamilton County Leadership Academy.

In the event the applicant commits a felony, is guilty of gross negligence or is incompetent in the performance of his or her duties, engages in conduct which, in the sole opinion of the Hamilton County Leadership Academy Board of Directors, brings the applicant into public disrepute, contempt or ridicule, or reflects unfavorably on the Leadership Academy, the applicant will be subject to termination from the program by a majority vote of the Board of Directors without a refund of the application fee.

Signature _____ Date _____

Personal References

Name	Company	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Community Leadership *(describe present or past volunteer community leadership positions you have held)*

Organization	Date Involved	Position/Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Work Experience *(begin with the most recent)*

Employer	City/State	From-To	Position/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

School	City/State	From-To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Activities and Accomplishments *(list any other accomplishments, honors, offices held, activities, etc.)*

General *(in answering the following questions, limit attachments to two, single-spaced typed pages)*

1. How did you hear about the Hamilton County Leadership Academy?
2. Why are you applying to our program?
3. What challenges in Hamilton County would you personally like to learn more about?
Give any ideas or recommendations you may have for approaching and resolving these issues.
4. How do you hope to utilize your experience if you are accepted into the program?