

# Confidential Application

*(please print or type)*

*Name*

# *Leadership*

*Last Name*

*Kosciusko Leadership Academy*



*First Name*

**Send Completed Application by July 15th to:**

***Selection Committee Chairman  
Kosciusko Leadership Academy  
P.O. Box 834  
Warsaw, Indiana 46581-0834***

**(Please Print or Type)**

**Personal Data**

Full Name \_\_\_\_\_

Preferred Name for Name Tag \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_

Number of Years living or working in Kosciusko County \_\_\_\_\_

Personal Email Address (optional) \_\_\_\_\_

**Employment**

Present Employer \_\_\_\_\_ Date of Hire \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone # (\_\_\_\_) \_\_\_\_\_ Title / Responsibility \_\_\_\_\_

Business Email Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employment History: List previous employment, start with the most recent (include active military duty)

<u>Employer</u>	<u>Title / Responsibility</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you consider your most important career accomplishment to date? \_\_\_\_\_  
\_\_\_\_\_

How many days per month does your work require you to be out of town? \_\_\_\_\_

**Education**

In chronological order, list schools, advanced degrees, and/or specialized training.

<u>Name of School</u>	<u>City</u>	<u>From</u>	<u>To</u>	<u>Degree / Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Awards/Honors \_\_\_\_\_

**Community Involvement**

Please list, in order of importance to you, up to five (5) civic, professional, religious, community, athletic, social or other organization of which you are a member. Please note any leadership positions held.

<u>Organization</u>	<u>Title / Responsibility</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you consider to be your most important community service responsibility or accomplishment, in or outside Kosciusko County, to date? \_\_\_\_\_

How much personal time each month do you commit to community, civic, and professional activities? \_\_\_\_\_

On what kinds of community boards, committees, or groups would you like to become active in the future? \_\_\_\_\_

If you have previously not had time or interest to become actively involved, what conditions have changed that now enable you to seek community involvement? \_\_\_\_\_

**General Information**

What are your reasons for desiring to participate in the Kosciusko Leadership Academy program? \_\_\_\_\_

How do you feel you can contribute to the program ? \_\_\_\_\_

What do you hope to gain from your participation in the Kosciusko Leadership Academy and how do you expect to utilize your KLA experience? \_\_\_\_\_

**Recommendations**

Personal References. Please list two (2) persons other than you sponser who are knowledgeable about your leadership performance and potential.

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

**Finances**

If selected, payment of tuition will be made by each participant or financial sponsor. Tuition is due and payable by the first day of class.

Tuition bill should be sent to:

Name \_\_\_\_\_ Address \_\_\_\_\_

Scholarship Policy: There is only one (1) scholarship available per year. This may be given to one (1) individual or divided between two (2) individuals.

Do you require financial assistance in order to participate in KLA? ( ) Yes ( ) No

If you do not have a corporate sponsor and do not receive the scholarship, are you willing to pay the full cost of tuition yourself? ( ) Yes ( ) No

If no, please explain circumstances \_\_\_\_\_

**Sponsor Commitment (if applicable):**

This candidate has my full support to participate in the Kosciusko Leadership Academy. I am aware of the time commitment involved in his/her participation, as well as financial obligation.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company / Organization \_\_\_\_\_

**Applicant Commitment:**

If selected as a participant, I am willing to attend all the programs, will complete a White Paper and complete other assignments required by the program. I understand that if I fail to meet any part of this obligation, I may be asked to either withdraw from the program or make up missed sections the following year:

Signature \_\_\_\_\_ Date \_\_\_\_\_

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