

Confidential Application

Please print or type

NAME _____

Last Name _____

First Name _____

Leadership



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 and/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, starting with the most recent (include active military duty)

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

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>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 organizations 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 your sponsor 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 _____

COMMITMENT

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 effective 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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