



I N D E P E N D E N C E

A leadership development program of the Independence Chamber of Commerce.

Confidential Application for 2008 - 2009 Program Year

Deadline for submitting applications is July 15, 2008

Personal Data

Name _____
Last First Middle (Preferred First Name)

Home Address _____
Street City State ZIP

Home Phone _____ Years in Independence _____
lived worked

Birth Date _____ Spouse's Name _____
(If applicable)

Employment

Present Employer _____ Title _____

Business Address _____
Street City State ZIP

Business Phone _____ Date Hired _____

Fax Number _____ E-mail _____

Describe Your Responsibilities _____

List two previous positions held with your present employer and/or other employment:

Employer	Title	Period of Employment
_____	_____	_____
_____	_____	_____

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

Community & Professional Involvement

Please list civic, professional, business, religious, social or other organizations in which you currently or previously have been a member:

Organization	Official Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state any accomplishments in the above organizations which you consider significant and explain your role: _____

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

References

Please list two individuals knowledgeable with respect to your leadership capabilities and your past performance:

1. Name _____	2. Name _____
Title _____	Title _____
Business Phone _____	Business Phone _____

General

Why do you think you should be selected to participate in L.E.A.D. Independence? _____

What do you hope to gain from your participation in L.E.A.D. Independence? _____

In your judgment, what are three most critical problems/issues facing Independence today?

1. _____
2. _____
3. _____

Tuition

If accepted into the L.E.A.D. Independence program, you or your firm will be billed for the tuition fee of \$600.00. Tuition covers costs plus supplies, meals, transportation and speakers during the eight monthly sessions. (Partial scholarships, based on financial need, may be available. Please indicate if your participation is contingent upon tuition assistance.) Tuition must be paid in full and is non-refundable.

My tuition will be paid (check one): personally by my firm I'm applying for tuition assistance.

If seeking tuition assistance, please specify reasons: _____

Applicant Policy

- 1) Applicants are not required to be a member of the Independence Chamber of Commerce.
- 2) Applicants are not required to live in the city of Independence, but must work within or have an interest in the City.
- 3) There is no discrimination for applicants because of race, religion, sex, handicap or age.
- 4) Applicant will adhere to all written policies as established by the L.E.A.D. Steering Committee.
- 5) The steering committee reserves the right to accept or reject any applicants without cause.
- 6) L.E.A.D. Independence has a limited number of slots available each program year.

Commitment

To graduate from L.E.A.D. Independence, a participant is expected to attend all sessions.

The Opening Retreat will be held October 3 and October 4, 2008. Attendance is mandatory for this session.

Eight monthly sessions will be held one full day per month. Sessions will be held the third Thursday of each month, October, through May, unless otherwise indicated. Monthly sessions will run from 8 a.m. to 4:30 p.m.

Will you be able to fulfill this commitment? _____

Business Organization Commitment

Applicants for the L.E.A.D. Independence program must have the support and commitment of their business or organization. The signature of the head of the applicant's organization is necessary as an indication of the support of the applicant's participation in the program. I have read and understand the applicant commitment policy.

_____ has my full support for the time and personal commitment required to participate effectively in L.E.A.D. Independence.

Signature

Title

Date

****Applicant Commitment****

If selected as a participant in L.E.A.D. Independence, I am willing to attend all functions sponsored by the program, and I understand that attendance is mandatory. I understand that if I fail to meet any of the obligations of the program, I may be asked to withdraw or may not graduate with my class.

Signature

Date



*Send completed application to: Independence Chamber of Commerce,
P.O. Box 1077, Independence, MO 64051*

For more information visit www.independencechamber.org or call 816-252-4745.