



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 2010 – 2011 L.E.A.D. Program

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#### **Personal Data**

Name \_\_\_\_\_  
Last First Middle Initial (Preferred First Name)

Home Address \_\_\_\_\_  
Street City & State ZIP

Best contact ph # \_\_\_\_\_ Years in Independence \_\_\_\_\_

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#### **Employment**

Present Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City & State ZIP

Business Phone \_\_\_\_\_ Date Hired \_\_\_\_\_

Email \_\_\_\_\_ Fax Number \_\_\_\_\_

Describe Your Responsibilities \_\_\_\_\_

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

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#### **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? \_\_\_\_\_

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#### **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, list the 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 of 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 prior to the start of the program 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, as well as fulfill a commitment of 8 total hours of community service time. The opening retreat will be held October 1 & 2, 2010. 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 8:00 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.

\_\_\_\_\_ has my full support for the time and personal commitment required to participate effectively in L.E.A.D. Independence. I have read and understand the applicant commitment policy.

Signature	Title	Date
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**• 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
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Send completed application to:  
Independence Chamber of Commerce, PO Box 1077, Independence MO 64051  
www.independencechamber.org // 816 252-4745

