

LEADERSHIP WACO

APPLICATION

Presented by



LEADERSHIP WACO

Application

The following information will be the only criteria used for your selection in the Leadership Waco class. Print or type and attach any additional pages as necessary. You may provide this information from a computer word-processor, but you must follow the same sequence of data and must not eliminate any details requested. Please be explicit with your statements.

DATE: ____ / ____ / ____

NAME: First _____ Middle _____ Last _____

DATE OF BIRTH ____ / ____ / ____ CITY OF BIRTH _____

HOME ADDRESS _____

CITY _____ ZIP _____ TELEPHONE (____) _____

BUSINESS _____ TITLE/POSITION _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE (____) _____

E-MAIL _____ FAX (____) _____

SPOUSE'S NAME _____ YOUR name for name tag _____

Is your present intention to make this community your permanent home?

EDUCATION

	Name & Place	From-To	Major	Degree
High School				
College				
Business/Trade School				
Other				

ORGANIZATIONS & ACTIVITIES

Please respond to the following:

List organizations of which you have been a member, in order of their value to you, during the past five years.

EXTRACURRICULAR ACTIVITIES: Special Honors or Awards for Leadership Activities, Academic Performance or other areas; and any professional designations (i.e. CPA, etc.)

CIVIC, RELIGIOUS, SOCIAL, ATHLETIC & OTHER ACTIVITIES

PROFESSIONAL & BUSINESS

Organization	Dates	Position Held/Your Contribution

PRESENT EMPLOYMENT

Length of service _____ What do you do in your job? _____

PREVIOUS EMPLOYMENT

EMPLOYER TITLE FROM-TO REASON FOR LEAVING

EMPLOYER	TITLE	FROM-TO	REASON FOR LEAVING

1. Discuss a goal that you have set and how you achieved that goal.

2. Discuss what you believe to be one of (a.) Waco's greatest assets and (b.) the most pressing issue facing Waco. Give any recommendations for approaching and/or addressing these issues. (Use additional paper)

3. If there have been major barriers to your community involvement, what conditions have changed that now enable you to seek involvement in the community?

4. What do you hope to gain from your involvement in LEADERSHIP WACO?

5. What other things should the selection committee know about you in order to make an informed decision about your application for the LEADERSHIP WACO program?

INSTRUCTIONS/AGREEMENT

Submit one (1) letter, from a community leader, with reference to your leadership skills and abilities.

The information submitted with this application is true and correct to the best of my knowledge.

As with all worthwhile endeavors, Leadership Waco requires a definite commitment of time from each member. The program will begin with a retreat, followed by nine class sessions held the third Tuesday of each month, September through May, attendance at each session is essential, and participants missing more than two sessions will be dropped from the program.

A fee of \$900 must be paid for each participant. This fee helps cover costs of the program, including materials, meals and any other related expenses. The applicant must pay \$100 of the fee, the balance may be paid by the participant, an employer or a sponsor. A limited number of partial scholarships are available. To be considered for a scholarship, the enclosed form must be completed and returned with your application.

I understand all aforementioned commitments and agree to be bound by them in signing this application.

Applicant's Signature

This application has the approval of this firm and the applicant has our full support which includes time required for participation.

Employer's Signature

Firm

Please attach a PHOTOGRAPH which will be used for publication if selected; but NOT in the selection process.

APPLICATIONS MUST BE POSTMARKED BY MAY 31.
LEADERSHIP WACO
Selection Committee
Greater Waco Chamber of Commerce
P. O. Box 1220
Waco, TX 76703-1220

LEADERSHIP WACO
SCHOLARSHIP REQUEST FORM

A limited number of partial scholarships are available for those who otherwise would be unable to participate in Leadership Waco.

Complete this form and return with your application.

NAME _____

FIRM _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PLEASE GIVE A BRIEF EXPLANATION OF YOUR NEED:
