



LEADERSHIP WESTERVILLE CLASS OF 2019
CONFIDENTIAL APPLICATION

Please complete and return the completed application by **August 17, 2018** to:

Leadership Westerville
99 Commerce Park Dr.
Westerville, Ohio 43082

For more information, contact Matt Lofy, Program Manager, at 614-882-8917 or
mlofy@westervillechamber.com

PERSONAL DATA

Name: _____
Last First Middle

Home Address: _____
Number Street City/Zip Code

Business Name: _____

Business Address _____
Number Street City/Zip Code

Home Phone Number: _____ Business Phone Number: _____

E-mail Address: _____ Fax Number: _____

of years residing in Westerville: _____ # of years working in Westerville: _____

EMPLOYMENT (IF APPLICABLE)

Current Employer: _____

Type of Organization: _____

Position Title: _____ Date of Hire: _____

Please summarize previous employment information below and attach resume, if desired:

Employer	Position Title	Dates of Employment (From/To)
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EDUCATION

Please list schools/universities attended, degrees received and/or specialized training below:

Name of School/College/University Location (City, State)	Degree
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ACTIVITIES, HONORS, AND VOLUNTEER LEADERSHIP EXPERIENCE

Please list special honors, awards or distinctions received for leadership, academic or professional performance and date received below (attach separate page, if desired):

Please list major volunteer leadership role(s) that you have held within the last three years:

1. Organization: _____

Position: _____ Check one: elected appointed

Responsibilities: _____

2. Organization: _____

Position: _____ Check one: elected appointed

Responsibilities: _____

3. Organization: _____

Position: _____ Check one: elected appointed

Responsibilities: _____

What do you consider to be your most important accomplishment in one of the organizations listed above? Why? (attach separate page, if desired)

Please list the types of community boards, civic organizations or volunteer groups with which you would like to become involved in the future.

GENERAL INFORMATION

If you have not had the time or interest to become actively involved in the community in the past, what conditions have changed that enable you to become more involved in the community?

What specific skills and/or knowledge do you hope to gain from your participation in Leadership Westerville?

PERSONAL REFERENCES

Please list three references, other than your current employer, who are knowledgeable about your leadership skills, leadership potential and/or community activities:

Name and Title	Telephone Number (please specify if home or work)	E-mail Address

COMMITMENT (PLEASE READ CAREFULLY)

The Leadership Westerville program aims for the full participation from each class member. To ensure an effective learning environment our class size is limited to 25 participants. The program year begins with an orientation scheduled for Wednesday, **September 5, 2018**. **Participation in this orientation is required as an important component of the Leadership Westerville program.**

The program year runs from September through May. Participants are expected to attend one full day session per month. To fulfill graduation requirements, each participant may not miss more than two class sessions. If an emergency, and more than two sessions are missed, the program allows the participant to complete the missed requirements and graduate the following year.

Tuition for each participant is \$750. Payment is due upon acceptance into the program. Your employer or a sponsor may pay tuition. If you are interested in applying for a scholarship, please indicate so below:

- Please consider my application for a Westerville Area Chamber scholarship. I am a chamber member.
- Please consider my application for the Val Advent Community Leadership Scholarship.

**Scholarships are limited and not guaranteed to be worth the full amount of tuition for a participant.*

EMPLOYER/SUPERVISOR SUPPORT (IF APPLICABLE)

This applicant has my full support to participate in Leadership Westerville. I am aware of the time commitment involved in his/her participation.

Supervisor Name: _____ Title: _____

Organization: _____ E-mail Address: _____

Signature: _____ Date: _____

LEADERSHIP WESTERVILLE APPLICATION AGREEMENT

I understand the goals and attendance requirements of the Leadership Westerville program. If selected, I will commit the time necessary to complete the program and will pay my tuition upon acceptance. I further understand that Leadership Westerville selects participants based on a variety of considerations. Accordingly, I agree that the Leadership Westerville sponsors shall in no way be liable to me in the event I am not selected for participation in the program.

Applicant's Signature

Date

Sponsor's Signature (if applicable)

Date

Leadership Westerville does not discriminate on the basis of race, color, gender, religion, national origin, age, disability or sexual orientation in the selection of participants. Leadership Westerville will comply with the Americans with Disabilities Act and all other anti-discrimination legislation.