

**Richmond Hill/Bryan County Chamber of Commerce**

(912) 756-3444 or info@RHBCchamber.org

**2020 Leadership Bryan Application**

Type or Print

Full Name \_\_\_\_\_ Name you prefer \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Length of Residence \_\_\_\_\_  
In Bryan County

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

\*E-mail \_\_\_\_\_

(\*Info and updates regarding Leadership Bryan is sent via e-mail – you are welcome to provide more than one e-mail address)

**Financial Obligation**

Tuition for the Leadership Bryan Program is \$495 for Chamber members in good standing and \$695 for non-members. There is a limited amount of money for partial scholarships (\$250 per recipient). These scholarships are granted based on need of the individual and the organization that they represent. A written request for scholarship must be provided with this application.

Please indicate here if you are including a written request for financial assistance: \_\_\_\_\_

If you will not need financial assistance please initial here: \_\_\_\_\_

**Statement of Dedication**

Leadership Bryan requires your dedication. *Attendance is critical to the success of the program... only one absence is allowed during the program to be able to graduate. Your absence may not be used for the mandatory event (Session I—see attached calendar)*

If more than one session is missed you will not receive a graduation certificate, but a participation certificate and will not be listed as a Leadership Bryan alumnus. You must make-up all session(s) in the following year (at your own expense) to achieve graduation and alumnus status. No exceptions and no refunds.

Please initial that you understand the attendance requirements for graduation. \_\_\_\_\_

Participants in Leadership Bryan must have the support and commitment of their employer.

**IT IS NECESSARY THAT WE HAVE THE SIGNATURE OF THE MANAGER OF YOUR PLACE OF EMPLOYMENT AS INDICATION OF SUPPORT OF YOUR PARTICIPATION IN THE LEADERSHIP PROGRAM.** (This is not a commitment to financial support, but to time required to participate in the program)

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant (if different from employer)

\_\_\_\_\_  
Date