



32 Commercial Street, Suite 200  
Honesdale, PA 18431  
(570) 253-1960

*A program of The Chamber of the Northern Poconos*

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**COMPLETED APPLICATION AND ALL ADDITIONAL MATERIAL(S) MUST BE  
RECEIVED BY THURSDAY, AUGUST 13, 2018**

## **INSTRUCTIONS**

- Type or print neatly in blue or black ink.
- The Selection committee bases its decision on the information provided in the application; therefore complete every section and be as thorough as possible. Try to limit your answers to the space provided. If necessary, continue your responses on plain white paper and attach. The quality and appearance of the materials are taken into consideration.
- The application must be signed by both the candidate and his/her employer/sponsoring organization. Only the candidate's signature is required in the case of a self-proposed nomination/application. If the applicant does not have the support of his/her employer/sponsoring organization to participate in the program, please explain the reason(s) on a separate page.
- The candidate must either live in or work in Wayne OR Pike County.
- Class size is limited.
- Completion of the application does not ensure a candidate's acceptance into the program.
- Payment in full of \$495 is required prior to the first session. If a special payment arrangement is required, a written request must be submitted to Leadership Northern Poconos with application. Leadership Northern Poconos has sole discretion to accept or decline such request. Individuals who discontinue or are dismissed from the program will not receive a refund.
- Leadership Northern Poconos is sponsored by The Chamber of the Northern Poconos.
- Questions? Contact Debbie Gillette or Nancy DeYoung at (570) 253-1960 or email [chamber@northernpoconoschamber.com](mailto:chamber@northernpoconoschamber.com).



**LEADERSHIP WAYNE CLASS of 2019 APPLICATION**

*Due: Thursday, August 13, 2018 by 4:30 PM*

**PERSONAL DATA**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age (optional):  20-24  25-34  35-54  55+

Personal Email: \_\_\_\_\_

Number of years you have lived in Wayne or Pike County: \_\_\_\_\_

Number of years you have worked in Wayne or Pike County: \_\_\_\_\_

How did you learn about Leadership Northern Poconos?

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

List your educational background, including high school, college(s), advanced degree(s), specialized training programs or professional institutes.

**Name & Location of School**                      **Dates**                      **Degree(s)**                      **Major(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Employer/Organization: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Briefly describe your present responsibilities.

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List previous employment, including active military duty, in reverse chronological order.

**Employer**                                  **Title/Responsibility**                                  **Period of Service**

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List your business and/or professional affiliations/organizations.

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**COMMUNITY INVOLVEMENT**

List your community, religious, governmental, social and/or athletic activities.

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List any professional or community-service awards/honors.

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Describe the type(s) of community activities in which you would like to become involved.

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**COMMUNITY INTEREST**

One of the goals of Leadership Northern Poconos is to build a corps of community leaders who can utilize its talents and problem-solving abilities through shared perspectives and networking. Indicate what you hope to accomplish through your participation in Leadership Northern Poconos.

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Indicate a personal goal that you have yet to accomplish.

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**TUITION / SCHOLARSHIPS**

Tuition for the Leadership Northern Poconos Program is \$495. This includes all materials, snacks, lunches and field trips.

If special payment arrangement is required, a written request must be submitted to Leadership Northern Poconos, whom has sole discretion to accept or decline such request. Individuals who discontinue or are dismissed from the program will not receive a refund.

Full and partial scholarships are available on a limited basis. If you would like to request tuition assistance, please indicate the amount and explain the reason.

Amount Requested: \_\_\_\_\_

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## **PARTICIPANT'S COMMITMENT**

*I understand the purpose of Leadership Northern Poconos and, if I am selected, I commit to attend all monthly sessions. As a participant, I fully understand that should I miss more than two sessions, for whatever reason, I may be dismissed from the program with no portion of my tuition refunded. I understand that I will be required to work on a group project in addition to the sessions. At the end of Leadership Northern Poconos it is expected that all participants will commit to service on a local non-profit or government board for the benefit of our community, for at least one year. I further understand that this is a competitive selection process and due to space limitations, not all applicants can be selected. My signature indicates that I understand the above commitments and agree to uphold them to the best of my ability.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## **SPONSOR'S AGREEMENT**

*(To be completed unless self-nominated)*

A nominee for Leadership Northern Poconos must have the support and commitment of his/her employer, as well as his/her sponsoring organization (if different than employer). The signatures of the employer and/or sponsoring organization (where appropriate) are required as an indication that the employer and /or sponsoring organization is/are in complete support of the nominee's participation.

Please indicate the support of the employer and/or sponsoring organization by checking the appropriate boxes. Financial support indicates willingness to pay the applicant's tuition associated with participating in the Leadership Northern Poconos Program. Release time support indicates willingness to provide the applicant with time off from work, once a month, to attend all ten, full-day Leadership Northern Poconos sessions.

**EMPLOYER** (if applicable)

Financial Support

Release Time Support

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*As the applicant's supervisor, I certify that this applicant has my full support to participate in Leadership Northern Poconos. I am aware of the time commitment necessary, as well as the financial obligation. I recommend this participant for the following reason(s):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approving Supervisor's Name and Title: \_\_\_\_\_

Approving Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_