



# Application Deadline: July 31, 2018

The selection committee will choose participants based on their responses to the following questions. Please answer them as completely as possible on a separate printed page. **(Attach answers to your completed application form and submit two copies of all application materials.)**

1. State your professional and educational background or enclose a resume. Include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic and social organizations with which you have been or are currently involved.
- 2a. Describe a professional or community leadership challenge you have undertaken.
- 2b. If you have not participated in professional or community activities, explain what has changed that will allow you to be involved in the future.
3. What would you contribute to the LEADERSHIP Albert Lea - Freeborn County class?
4. In what ways do you think LEADERSHIP Albert Lea - Freeborn County can help you develop your leadership potential? What do you expect of the program? (Please submit approximately half a printed page.)
5. Identify and discuss an issue that you feel is critical to the Albert Lea / Freeborn County area. (Please submit approximately half a printed page.)

**To fill in form click appropriate box for tuition payment then hit tab to fill out the rest of the form.**  
**Return to: LEADERSHIP Albert Lea - Freeborn County, , 1725 W Main Street, Albert Lea, MN 56007**

**Who will be paying your tuition?**

- Me    My employer    A sponsoring organization    Scholarship requested (Please include letter)

**First and Last Name:**

**Preferred Name:**

**Company:**

**Job Title:**

**Address:**

**City:**

**State:**

**Zip:**

**Work Phone:**

**Cell Phone:**

**E-mail:**

**Home Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Is your organization currently a member of the Chamber?**

- Yes    No

**References: List your supervisor and at least one other person who may be contacted by the selection committee.**

**Name:**

**Company:**

**Title:**

**Phone:**

**Name:**

**Company:**

**Title:**

**Phone:**

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Signature & Title of Applicant's Sponsor (if appropriate)**

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

