



2019 Leadership Sikeston

Participant Application

1. PERSONAL INFORMATION *Please list your name as you want shown on your graduation plaque.*

Name _____

Business Name _____ Position Title _____

Business Address _____

Business Phone _____ Cell Phone _____

Email _____

Years in Current Position _____ Years in Sikeston _____

2. GENERAL

Provide a brief statement of the reason(s) you wish to participate and what you expect to gain in Leadership Sikeston:

In your opinion, what are the three most critical problems/issues facing the Sikeston/Miner area today?

3. INVOLVEMENT

Business/Professional Organizations

Community/Civic Organizations



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4. EDUCATION

(high school, college, trade, etc. – degrees obtained)

5. EMPLOYERS AGREEMENT

I fully support the applicant _____ for the 2019 Leadership Sikeston program, and I represent that his/her employer is willing to make available the necessary time for full participation in **all scheduled classes and activities**.

Signature: _____ Date: _____

Print Name: _____

6. APPLICANT'S AGREEMENT

If selected as a participant in Leadership Sikeston, I am willing to attend all functions sponsored by the program, and I understand **attendance is mandatory**. I understand if I fail to meet any obligations of the program, I may be asked to withdraw and may not graduate with my class. I understand I am to notify the Chamber office when I am unable to attend a session. **I understand that if I miss more than one session, I will need to make up the session the following year in order to graduate.**

Signature: _____ Date: _____

7. TUITION

If accepted into the Leadership Sikeston program, you or your organization will be billed for **the tuition fee of \$400 for Sikeston Regional Chamber members or \$500 for non-Chamber members**. Tuition covers supplies, meals, transportation, and speakers during the sessions. **Tuition must be paid in full by February 15, 2019 and is non-refundable.**

My tuition will be paid _____ personally _____ by my organization

To be considered, this completed application must be returned to:

Sikeston Regional Chamber
128 N. New Madrid
Sikeston, MO 63801
Fax: 573.471.2499
chamber@sikeston.net