



APPLICANT  
CHECKLIST  
 Completed

**CONFIDENTIAL APPLICATION**

OFFICE  
CHECKLIST  
 Completed

**CLASS OF 2020:**

Please complete the following items and return to: [sking@waxahachiechamber.com](mailto:sking@waxahachiechamber.com) by December 13, 2019

**GENERAL INFORMATION:**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	Last Name:	First Name:	Middle Initial:	First & Last Name for Nametag:
Home Address:				Length of Residence in Ellis County area:
City:	State:	Zip:	Home Phone:	
E-mail:			Office Phone:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell phone:	
Ethnic Background: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other (please specify):				
Previous Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?		Preferred Mailing Address: <input type="checkbox"/> Business <input type="checkbox"/> Home		

**EMPLOYMENT:**

Present Employer:	Waxahachie Chamber Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title or Responsibility:	Length of Time with Employer:		
Business Address:	City:	State:	Zip:
Number of Employees: <input type="checkbox"/> More than 250 employees <input type="checkbox"/> 50 – 250 employees <input type="checkbox"/> Less than 50 employees			

**Type of Business:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting                 | <input type="checkbox"/> Engineering                   | <input type="checkbox"/> Retail                   |
| <input type="checkbox"/> Advertising/Marketing/PR   | <input type="checkbox"/> Foundations Private/Community | <input type="checkbox"/> Religion                 |
| <input type="checkbox"/> Architecture               |  | <input type="checkbox"/> Technology               |
| <input type="checkbox"/> Arts/Entertainment/Media   |  | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Government                    | <input type="checkbox"/> Utilities                |
| <input type="checkbox"/> Communication              | <input type="checkbox"/> Healthcare                    | <input type="checkbox"/> Other: (please specify): |
| <input type="checkbox"/> Community Volunteer        | <input type="checkbox"/> Law: Practice                 |   |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Manufacturing                 |   |
| <input type="checkbox"/> Consultant                 | <input type="checkbox"/> Non Profit                    |   |
| <input type="checkbox"/> Distribution/Logistics     | <input type="checkbox"/> Oil & Gas                     |   |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Real Estate/Development       |   |

**TUITION:**

If admitted to the class, a tuition fee of \$500 shall be paid no later than 4 p.m., **Friday, December 13, 2019**. Tuition is non-refundable after **January 1, 2019**.

**COMMITMENT STATEMENT:**

I agree to the guidelines for Leadership Waxahachie. I understand that to graduate from Leadership Waxahachie, I am expected to attend one day each month for nine months, as scheduled:

January 15, 2020	June 17, 2020
February 19, 2020	September 16, 2020
March 18, 2020	October 21, 2020
April 15, 2020	November 11, 2020
May 20, 2020	

If selected, I will devote the time and resources necessary to complete the Program. I understand that missing more than eight hours, for whatever reason, may be asked to withdraw from the Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER COMMITMENT:**

This application has the approval of this organization to participate in Leadership Waxahachie. The applicant has our full support, which includes the time required to participate in the program.

Name/Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please submit application and commitment at the earliest possible convenience to:

sking@waxahachiechamber.com

or

Attn: Sandy King  
Waxahachie Chamber of Commerce  
102 YMCA Drive  
Waxahachie, TX 75165