

LEADERSHIP WAXAHACHIE

**CONFIDENTIAL APPLICATION
CLASS OF 2019**

APPLICANT CHECKLIST <input type="checkbox"/> Complete

OFFICE CHECKLIST <input type="checkbox"/> Completed

GENERAL INFORMATION:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name:	First Name:	Middle Initial:	First & Last Name for Nametag:
<input type="checkbox"/> Ms. <input type="checkbox"/> ____				
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"/> Government |
| <input type="checkbox"/> Advertising/Marketing/PR | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Law: Practice |
| <input type="checkbox"/> Arts/Entertainment/Media | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Distribution/Logistics | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Other: (please specify): |
| Private/Community | |

TUITION:

If admitted to the class, a tuition fee of \$379 shall be paid no later than 4 p.m., **Friday, December 7, 2018**. 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 (9am – 1:30pm) each month for nine months, as scheduled:

- | | |
|-------------------|--------------------|
| January 16, 2019 | June 19, 2019 |
| February 20, 2019 | September 18, 2019 |
| March 20, 2019 | October 16, 2019 |
| April 17, 2019 | November 20, 2019 |
| May 15, 2019 | |

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:

cklepfer@waxahachiechamber.com

or

Attn: Chelsea Klepfer
Waxahachie Chamber of Commerce
102 YMCA Drive
Waxahachie, TX 75165