



Leadership Wheeling 2019

Application

Deadline: December 3, 2018

All applications are subject to confidential evaluation and must be completed in their entirety for consideration.

NAME: _____
Last First M.I.

BUSINESS PHONE: _____ FAX: _____ E-Mail: _____

BUSINESS (if applicable): _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____ HOME PHONE: _____

EDUCATION:

(Begin with high school, then college(s), business or trade schools and/or other specialized training.)

<u>Name & City of School</u>	<u>Dates (to/from)</u>	<u>Degree</u>	<u>Major</u>

EMPLOYMENT (if applicable):

Present Employer: _____ Date Began: _____

Present Title or Responsibility: _____

Since (date): _____

How many days per month does your work require you to be out of the area? _____

Note: If not currently employed, please list your most recent employment.

Briefly describe your career(s):



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List Non-Profit organizations with whom you are affiliated and your position. Would you like to be considered for placement on a Non-Profit Board?

With which organizations have you been involved? If you have not been involved previously with other organizations, what conditions have changed that now enables you to become involved?

In approximately 500 words, please describe: (1) What your current interests are; (2) How you can best serve the community; and (3) Why you should be included in the Leadership Wheeling 2019 class. Please attach and mail with this application by December 3, 2019.

Tuition and Funding:

If accepted into the Leadership Wheeling program, you or your company will be billed for the tuition fees of \$695, which covers all program costs.

Please indicate billing: Firm _____ Individual _____

PAYMENT DEADLINE: DECEMBER 28, 2018

Employer or Character References:

1. Name/Title: _____
Business Address: _____ Phone: _____

Employer or Character References:

2. Name/Title: _____
Business Address: _____ Phone: _____

I understand that participation in Leadership Wheeling entails a commitment of time, and I am willing to devote the time necessary to successfully complete this program.

Signature of Applicant

Date



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Signature of Employer/Immediate Supervisor - (if applicable)

Date