



Thank you for your interest in the program. Application due **Friday, May 17, 2019 at 4 p.m.**

1) Personal Information

Name: _____

Preferred first name (if different): _____

Employer name: _____

Business/organization address: _____

Email address: _____

Work phone: _____ Cell phone: _____

Supervisor: _____ Supervisor's email: _____

Years with employer: _____

Years in Fargo Moorhead West Fargo area: _____

Are you able to attend all sessions? Yes No

If not, please explain. *(Inability to attend a session does not deter acceptance; please refer to Program Information for more information about missing sessions)*

2) Demographic Profile

Leadership Fargo Moorhead West Fargo seeks to reflect the diversity of the community in its class. The following questions may be answered at the discretion of the applicant.

Gender: Male Female Other _____

Ethnic Origin:

African American

Hispanic

Asian American

Native American

Caucasian

Other _____

Birthdate: _____

3) Current Employment

Position/title: _____

Job responsibilities:

What do you consider your greatest career achievement to date?

4) Previous Employment

If applicable, list previous positions held in the last 6 years:

5) Educational Background

Include level of education completed, institutions, field(s) of study and degrees awarded. Also include any relevant professional accreditations, certifications, training programs, etc.

(there is no level of education required to be accepted into this program)

6) Experiences

A) In the bullets below, list in order of personal importance the major civic, business and professional activities in which you have participated during the past several years. For each activity, indicate the extent of your involvement, accomplishments, offices held, awards received and/or special recognitions. Experiences need not be limited to those in the Fargo Moorhead West Fargo area. If you have not been involved in such activities, please explain why.

i. Professional experiences:

- _____
- _____
- _____
- _____

ii. Community/volunteer experiences:

- _____
- _____
- _____
- _____

B) Please explain why you ranked your organizations and activities in this order.

C) Have you participated in a similar leadership program here or in another community?

Yes No

If yes, when/where?

7) How did you hear about the Leadership FMWF program?

8) Reflection Questions

Please answer the following questions. Total length per essay should be 250 words or less.

- A)** Why are you interested in participating in *LFMWF*, and what do you hope to gain from participation?

- B)** What do you feel you would contribute to the program?

- C)** Why is Fargo Moorhead West Fargo where you have chosen to make your home? What things do you enjoy about this community?



D) Key components of the Leadership Fargo Moorhead West Fargo Program are group projects dedicated to addressing needs or issues in our community. What is a need or issue you would like to address through this project?

9) Letters of Recommendation

Two letters of recommendation are required with your application. One letter is to come from your supervisor. (Or if you are self-employed, someone in the community.) The other letter should come from a colleague or service organization in which you are involved. The letter should explain how your background and experience would contribute to the leadership class and why you should be considered for the 2019–20 Leadership FMWF program.

10) Interviews

30-minute interviews will take place June 5 to June 7 and June 10 to June 12 from 8:30 a.m. to 4:30 p.m. Please rank in order which days and times will work best with your schedule.

1st preference _____ @ _____

2nd preference _____ @ _____

3rd preference _____ @ _____

11) Tuition Assistance (optional)

To assist qualified individuals who may not otherwise be able to participate, financial assistance is available. Please indicate your request for financial assistance, if necessary.

Partial Scholarship Extended Payment Plan

Application Checklist

Completed application MUST include:

- Leadership Fargo Moorhead West Fargo program application.
- Letter of recommendation from employer. If self-employed, letter of recommendation from local colleague or community leader.
- Letter of recommendation from colleague or service organization in which you have been involved.
- Applicant and Employer Agreement.

Applications will not be considered until ALL materials are submitted.

Applications must be received by **Friday, May 17, 2019** at **4 p.m.**



THE CHAMBER
FARGO MOORHEAD WEST FARGO

Questions regarding this application may be directed to:

Alyssa Ralston

Professional Development Coordinator

PHONE

218.359.0529

EMAIL

aralston@fmwfchamber.com

MAIL

The Chamber
Attn: Alyssa Ralston
202 First Avenue North
Moorhead, MN 56560



THE CHAMBER
LEADERSHIP FMWF