

**LEADERSHIP LANCASTER**  
**CONFIDENTIAL APPLICATION**  
**Deadline September 30th**

NAME \_\_\_\_\_  
Last First Middle

Male \_\_\_\_\_ Female \_\_\_\_\_ Years in Lancaster County \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street City Zip CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ AGES OF CHILDREN \_\_\_\_\_

HOBBIES/INTERESTS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

YOUR POSITION \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

DIRECT SUPERVISOR'S NAME/TITLE \_\_\_\_\_

YOUR EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ DEGREE/YEAR \_\_\_\_\_

COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_ DEGREE/YEAR \_\_\_\_\_

OTHER \_\_\_\_\_ CITY \_\_\_\_\_ DEGREE/YEAR \_\_\_\_\_

**COMMUNITY INVOLVEMENT:**

RANK, IN ORDER OF IMPORTANCE TO YOU FIVE CIVIC/COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED:

| <u>YEAR</u> | <u>ACTIVITY/RESPONSIBILITY</u> | <u>LOCATION</u> |
|-------------|--------------------------------|-----------------|
| 1.          | _____                          | _____           |
| 2.          | _____                          | _____           |
| 3.          | _____                          | _____           |
| 4.          | _____                          | _____           |

5.

**GENERAL:**

WHAT DO YOU HOPE TO GAIN FROM LEADERSHIP LANCASTER?

---

---

---

WHAT DO YOU FEEL IS YOUR RESPONSIBILITY TO LANCASTER COUNTY?

---

---

---

WHAT DO YOU CONSIDER THE THREE MOST PRESSING PROBLEMS FACING LANCASTER COUNTY? WHY?

---

---

---

---

LEADERSHIP LANCASTER TUITION IS \$700.00 FOR CHAMBER MEMBERS, \$750.00 FOR NON-MEMBERS, AND IS DUE BY THE FIRST SESSION IN NOVMEBER. TUITION COVERS COSTS OF RETREAT, MEALS, AND PROGRAM MATERIALS.

I UNDERSTAND THE PURPOSES OF THE LEADERSHIP LANCASTER PROGRAM, AND I UNDERSTAND THAT ATTENDANCE IS REQUIRED AT ALL SESSIONS. I WILL DEVOTE THE TIME REQUIRED TO GRADUATE. ALSO, I UNDERSTAND I AM ULTIMATELY RESPONSIBLE FOR THE TUITION PAYMENT AND APPROPRIATE APPROVALS FROM MY MANAGER/COMPANY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR/MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

RETURN TO: **LANCASTER COUNTY CHAMBER OF COMMERCE**  
**P.O. BOX 430**  
**LANCASTER, SC 29721**  
**ATTN: LEADERSHIP LANCASTER**