

Leadership Warren County Confidential Application

Thank you so much for your interest in Leadership Warren County!

The program's mission is to educate and encourage community leaders who will improve the quality of life and the economic vitality of the region. The Admissions Committee will select from among the applicants those individuals who will use their skills and knowledge for the long-term benefit of Warren County. Selection is based upon the information provided in this application.

INSTRUCTIONS:

1. Please answer **all** questions completely and concisely. If a question does not apply to you, answer "none" or "n/a."
2. Handwritten or typed applications are acceptable. You may also access the application online at: www.leadershipwarrencounty.org and the Warren County Chamber of Business and Industry website, under Leadership Opportunities, at www.wccbi.org.
3. Have your employer sign the Employer Affirmation, then sign the Applicant Affirmation.
4. Mail or deliver the application to: Leadership Warren County, c/o Warren County Chamber of Business and Industry, 308 Market St., Warren, PA, 16365. You may email the application to director@leadershipwarrencounty.org. Applications are due by August 25, 2023.

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____

Home Address: _____

Preferred Phone: _____ Preferred Email: _____

Place of Employment: _____

Position/Title: _____

Work Address: _____

I prefer that all correspondence be sent to: _____

Do you have the full support of your employer for the time required to participate, effectively, in Leadership Warren County? This includes permission to attend sessions per the attached schedule.

Y _____ N _____ (Not required for the self-employed and retired.)

Tuition (for each participant) = \$2,000

An invoice will be provided. Please enter the dollar amounts to be billed to each party:

Tuition to be paid by employer: \$ _____ Tuition to be paid by applicant: \$ _____

Tuition to be paid by another sponsor: \$ _____

If you are requesting scholarship assistance, please use the additional space to justify your need:

Sponsor name: _____

Sponsor address: _____

Amount of scholarship requested: \$_____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

How many years have you lived in Warren County? _____

How many years have you worked in Warren County? _____

How did you learn about Leadership Warren County? _____

PLEASE COMPLETE THE FOLLOWING QUESTION WITH A SHORT ESSAY:

How do you believe the Leadership Warren County program will benefit you personally, professionally, and in your community and civic life? (Use a separate sheet if you prefer.)

Please complete a brief autobiography. You may include civic, political, religious or professional organizations of which you have been a member, including any offices you held within the organization; your educational background, including diplomas, vocational training, degrees/certificates, professional institutes; where you've resided; appropriate family details; interests and hobbies; etc. (Use a separate sheet if you prefer.)

Rank your prime motivation for applying to this program (1-6, with 1 being the highest):

- | | |
|---|---|
| _____ Learning more about Warren County | _____ Professional Networking |
| _____ Prestige of the Program | _____ Exploring Volunteer Opportunities |
| _____ Employer Recommendation | _____ Skills Development |

Affirmation:

By submitting this application, I understand and affirm that the purpose of Leadership Warren County is to refine my leadership skills and enhance my commitment to Warren County. If selected, I will devote the time and resources necessary to complete the program. I understand the above commitments, agree to be bound by them, and, upon graduation, will apply my enhanced leadership skills to become an active volunteer in Warren County.

Applicant Signature: _____ Date: _____

EMPLOYER/SPONSOR AFFIRMATION:

I have reviewed the application and acknowledge my support for the applicant's participation in Leadership Warren County. I understand the financial obligation listed in the above application, the time needed for the applicant's twice-monthly class, time and project team commitment. I agree to support him/her in this program.

Employer/Sponsor Signature: _____ Date: _____

