

# Leadership LEAP 2015

## CONFIDENTIAL APPLICATION

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### Instructions

- Please complete each section in full.
- Application must be signed by both sponsor and candidate and be received no later than 5:00 pm January 23, 2015. No applications accepted after 5:00 pm January 23, 2015.
- All applicants will be notified by January 30, 2015. Class size is limited.

### Purpose

The purpose of the Leadership Program is to:

- expand the network of potential future leaders of our communities;
- enhance the participants' knowledge of the structure and operation of local businesses, schools, healthcare providers, government, civic and charitable organizations;
- introduce the participants to local business owners, educators and school administrators, healthcare providers and staff, government officials and the leaders of civic and charitable organizations;
- foster a better understanding of local issues and needs; and
- develop leadership and team building skills.

### Leadership LEAP Selection Criteria

- LEAP is available to residents or those with business or civic activities within the community. The 2015 tuition of \$250.00 may be paid by an employer/sponsor, individual or not-for-profit organization.
- Participants must have a commitment to serve their community and a desire for knowledge in all aspects of life within their county.
- LEAP is an equal opportunity program and does not discriminate applicants based on disability, age, race, religion or sex.
- Class members are chosen by the LEAP Selection Committee based upon the information completed on the application. The Committee seeks representation from a cross section of the community including business, labor, education, the arts, religion, government, community based organizations, ethnic and minority groups.
- Applicants must have the full support of the organization or corporation they represent. Individuals may apply. A letter of endorsement from your sponsor must accompany your application.
- To meet graduation requirements, it is necessary that participants attend all sessions of the program. The opening retreat and ending retreat are MANDATORY! A serious time commitment is involved with the LEAP program for each day session. If you feel you cannot make this commitment, it is not in your best interest to apply at this time.

### Meeting Dates:

Opening Retreat:	Overnight Trip @ Aldersgate Camp (Thursday/Friday)
	Thursday, February 19, 2015                      4PM - 9PM (& Stay the night)
	Friday, February 20, 2015                      8:30AM - 2PM

### Sessions

Each session is a full day, typically beginning at 9AM and ending by 5PM

March 19, 2015	April 16, 2015	May 14, 2015	June 18, 2015
July - Optional	August 13, 2015	September 17, 2015	

Ending Retreat:	Overnight Trip (Thursday/Friday/Saturday)
	Thursday, October 1, 2015                      5pm – Travel 3-4hours
	Friday, October 2, 2015                      All Day
	Saturday, October 3, 2015                      Noon – Travel 3-4hours

Graduation:                      Friday, October 16, 2015                      7PM @ Cathedral Domain

Project:                      Saturday, November 28, 2015                      Small Business Saturday

**Leadership LEAP  
CLASS OF 2015  
APPLICATION**

DEADLINE FOR APPLICATION: Application and Tuition Fee \$250.00 due by January 23, 2015.  
Make checks payable to: Leadership LEAP  
Credit Card transactions: Add a 4% surcharge for credit card transactions

Enclosed is my check for \$ \_\_\_\_\_ or charge my: VISA \_\_\_\_ MC \_\_\_\_ AMEX \_\_\_\_

_____			
Credit Card Number	C V V Code		
_____			
Billing Address	City	State	Zip
_____		_____	
Amount of Charge	Authorized Signature	Date	

<b>For Office Use Only</b>
Application Rec'd: _____
Application Fee: _____
Signatures: _____
Photograph: _____
Reference: _____

**PERSONAL DATA**

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_  
LastFirstMiddlePreferred Name

HOME ADDRESS: \_\_\_\_\_  
Mailing AddressCityStateZip

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

YEARS RESIDING IN YOUR COMMUNITY: \_\_\_\_\_

MALE       FEMALE

YEARS WORKING IN YOUR COMMUNITY: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

\_\_\_\_\_

Work PhoneHome PhoneMobile Phone

**EMPLOYER**

PRESENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Mailing AddressCityStateZip

EMAIL: \_\_\_\_\_ PREFERRED MAIL ADDRESS:  HOME  WORK

LEAP seeks to provide a diverse class of participants to represent all sectors of our community. Describe your industry type and your position/responsibilities at your current employer. Also indicate the number of employees at your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL

What do you consider your most significant or important responsibility, skill or career achievement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**COMMUNITY INVOLVEMENT**

Please list civic, professional, business, religion, social, athletic or other organizations in which you currently or previously have been a member of:

Organization _____	Position/Year _____
Organization _____	Position/Year _____
Organization _____	Position/Year _____
Organization _____	Position/Year _____

How much time each month do you commit to these and other community activities? \_\_\_\_\_

Have you been as active as you would like to be? \_\_\_\_\_

If not, what has been the major barrier? \_\_\_\_\_

Briefly state any accomplishments in the above organizations that you consider significant and explain your role:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Honors/Awards (business, professional, educational, community, other) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATION**

List high school, college(s), business or trade schools or other specialized programs

Name and City	Year(s) Attended	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**YOUR PERSPECTIVE**

What do you consider the three most significant challenges facing your county? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your experience with LEAP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMITMENT**

To graduate from Leadership LEAP, a participant is expected to attend all sessions. Absenteeism of more than one day may result in you being dropped from the program.

- Orientation Overnight Retreat attendance is mandatory.
- One full day per month for six months. Sessions run approximately 9:00am to 5:00pm
- Graduation and ending overnight trip is mandatory.

Will you be able to fulfill this commitment?  Yes  No

**BUSINESS ORGANIZATION COMMITMENT**

Applicants for Leadership LEAP must have the support and commitment of their business or organization. The signature of the applicant's immediate supervisor or officer of the organization is necessary as an indication of the support of the applicant's participation in the program. I have read and understood the applicant commitment policy and have attached a letter of endorsement.

Name \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization \_\_\_\_\_ Signature: \_\_\_\_\_

**PERSONAL RECOMMENDATIONS**

Please list 2 individuals knowledgeable with respect to your leadership capabilities and your past performance.

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**TUITION:**

Tuition for Leadership LEAP is \$250, which includes food and instruction materials. Full tuition is **due** by January 23, 2015. Class size is limited so if participant is not selected for this year's program then full tuition shall be refunded. Tuition **will not** be refunded to payees if participant drops out or is dropped from the program due to absenteeism.

**SCHOLARSHIPS**

A limited number of partial scholarships may be available based on need. If you need to apply contact a LEAP Steering Committee member.

**APPLICANT COMMITMENT & RELEASE OF LIABILITY**

If selected as a participant of Leadership LEAP, I am willing to attend all the functions sponsored by the program, and I understand that attendance is mandatory. I understand that if I fail to meet any of the obligations of the program, I may be asked to withdraw or may not graduate with my class. I also accept liability of myself throughout the entire program. I hereby release Leadership LEAP, its officers and directors of all liabilities for injuries and damages sustained by me in connection with the LEAP program.

Signature

Date

Please print name: \_\_\_\_\_

Disclaimer: I hereby authorize the LEAP Program to communicate via email about program activities.

Signature required: \_\_\_\_\_

Send completed application(s), photos, letter(s) of reference and tuition to:

**Leadership LEAP**  
**PO Box 421**  
**Irvine KY 40336-0421**