



Warren County Leadership Institute

# CONFIDENTIAL APPLICATION

\*Instructions: (1) Save application to your computer (2) Fill out application (3) Save & email to leadership@wcedc.com by Friday, December 13, 2019\*

## PERSONAL INFORMATION

*Required Information to be placed in the WCLI Directory:*

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years in the State of Iowa: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Optional Information:*

Spouse's Name: \_\_\_\_\_ Name(s) of Child(ren): \_\_\_\_\_

Male  Female Race or Ethnic Origin: \_\_\_\_\_

## EMPLOYMENT

Present Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Position(s) and Responsibilities held: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax: \_\_\_\_\_

Preferred mailing address:  Home  Place of Business

## ***PREVIOUS EMPLOYMENT***

*List your previous employment starting with most recent. Please include any military service.*

Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

## ***EDUCATION***

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Year Earned: \_\_\_\_\_

Name of College: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Earned: \_\_\_\_\_

Advanced Degree(s)/Special Awards/Honors: \_\_\_\_\_

## ***REFERENCES***

*List three people you have worked with in a professional or community involvement capacity.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## **APPLICATION QUESTIONS**

**Please answer the following questions:**

Have you participated in a community or other leadership program?  Yes  No

If yes, please list the name, program, and dates.

Who do you admire as a leader? Please describe his or her leadership qualities.

Please describe what leadership means to you.

*One of the goals of the Warren County Leadership Institute is to build a network of community leaders who can enhance their problem-solving and other leadership abilities through shared perspectives and working together. Please answer the following:*

- What would you like to gain from the WCLI program?
  
  
  
  
  
  
  
  
  
  
- What do you feel are the most significant problems facing your community, Warren County, or the State of Iowa today? In your opinion, what changes must be made to improve the economy and lifestyle of your community in the future?
  
  
  
  
  
  
  
  
  
  
- In what ways would you like to direct your new leadership skills?
  - Elective Office:  National  State  County  City  School
  - Non Profit
  - Community Development (Chamber of Commerce, Jaycees etc.)
  - Other: (please explain) \_\_\_\_\_
  
- In the next five years, what do you anticipate your leadership involvement to be?

## **TUITION**

Tuition for the Leadership Institute is non-refundable and payable prior to the opening session. Participants are encouraged to contribute a minimum of \$50.00 from personal funds. Typically, the employer or organization of the participant will contribute the remainder.

**Do you need information about financial assistance or special arrangement for the payment of tuition?**

Yes  No

**Partial scholarships are available on a limited basis. Do you wish to be considered for a scholarship?**

Yes  No

*If financial assistance is needed, please fill out the following section.\*\**

## **FINANCIAL ASSISTANCE**

*\*\*Please only complete this section if financial assistance is desired.*

- Please indicate which individual yearly income bracket you fall under:
  - \$0 - \$20,000 \_\_\_\_\_ # in Household
  - \$20,000 - \$50,000
  - \$50,000 - \$100,000
  - \$100,000+
- Does your employer offer tuition reimbursement?  
 Yes  No
- If so, how much funding will your employer provide? \_\_\_\_\_
- In the box provided, please explain, in 1 to 2 paragraphs, your need for financial assistance.

## **LEADERSHIP COMMITMENT**

*Warren County Leadership Institute is a learning experience which requires a commitment by the participants and their employers. As a participant I will attend all sessions as well as participate in a class project in order to make the class a success. I understand that prior permission must be obtained from the board president in order to have an excused absence from any session, and two (2) excused absences will be granted only in the event of an extreme personal emergency and or unavoidable business conflicts. Failure to comply with attendance requirements may result in not graduating from the program and forfeiture of tuition.*

*I understand and will support the goals and commitments of the Warren County Leadership Institute program. If selected, I will honor the scheduled sessions with my active participation and attendance.*

\_\_\_\_\_  
*Applicant Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

## **EMPLOYER AGREEMENT**

*I have read the above commitment and I will fully support the applicant and this opportunity for personal and professional development.*

\_\_\_\_\_  
*Employer Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Employer Signature*

## **TUITION PAYMENT**

As the participant, I will be responsible for the

Full Tuition Payment       Partial Payment (Please indicate the amount.): \_\_\_\_\_

As the employer, I agree to pay for the participant's

Full Tuition Payment       Partial Payment (Please indicate the amount.): \_\_\_\_\_

(Please review the WCLI Application Information for tuition costs.)



**WARREN COUNTY  
LEADERSHIP INSTITUTE**