



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 11, 2020

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**