

Instructions: Complete all sections of this application, sign and return by October 1, 2016. (Use additional paper where necessary)

Applicant Information				
Full Name:				Date:
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				
	<i>Street Address</i>	<i>Apartment/Unit #</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Home Phone:	( )	Home Email Address:		
Work Phone:	( )	Work Email Address:		

Education							
High School:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Employment History (List most recent first)			
Current Company:			Phone: ( )
Address:			Supervisor:
Job Title:			
Responsibilities:			
Prior Company:			Phone: ( )
Address:			Supervisor:
Job Title:			
Responsibilities:			

1.	How does your current position relate to providing leadership to the White Mountain Region?
2.	What leadership roles do you hold outside of your workplace at this time (if any)?
3.	What do you consider to be your most important civic contribution?
4.	What is it about your volunteer and civic activities that you enjoy most?
5.	If time was not an issue, how active in the community would you be? In what areas would you be involved?
6.	What do you feel are the three most significant problems facing the White Mountain Region today?
7.	What do you feel needs to be done to address one of these issues?
8.	How does your participation in this program relate to your future in the White Mountain Region?
9.	What are the three most notable opportunities that the White Mountain Region has to offer?
10.	What do you feel needs to be done to develop one of these?

11.	What specific skills/knowledge do you hope to gain from participation in Leadership White Mountain Region?
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12.	Why do you think you're a good candidate for this program?
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**For Your Employer:** As the Employer, I understand that this candidate must attend all scheduled sessions and will not have means of communication throughout the scheduled sessions.

Name Title

Signature Date

**Personal Recommendations**

List two persons (with daytime phone numbers) other than your employer who are knowledgeable about your leadership performance and potential.

Name Phone Number

Name Phone Number

Tuition for each participant is \$350.00 / non-refundable. **Once selected**, payment is due by Oct 10, 2016

Please indicate your commitment below:

I understand that I must attend **ALL** of the scheduled sessions and that the use of communication devices (e.g., cell phones, I-pads, laptop, etc.) will **not** be permitted during any session, including breaks and bus journeys.

Signature

Date