



## Leadership Program 2008-2009

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Years living or working in McLeod County \_\_\_\_\_

\*Age \_\_\_\_\_ \*Ethnic Background \_\_\_\_\_ \*Gender \_\_\_\_\_

*\*Note: The answers to the above questions are optional. We are interested in them because one of the goals of the program is to have a diverse class with ethnic, gender and professional balance. All information is kept confidential.*

### COMMUNITY/COUNTY INVOLVEMENT:

Please describe present or past involvement in community or county organizations, activities, volunteer work:

Organization	Position Held/Responsibilities
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### OCCUPATION:

Place of employment \_\_\_\_\_

Mailing address \_\_\_\_\_

Position/Title \_\_\_\_\_

### OTHER WORK EXPERIENCE/TRAINING:

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

**GENERAL INFORMATION:**

Why do you want to participate and what do you hope to gain from the *McLeod For Tomorrow Leadership Program*?

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Is there anything else you would like to discuss about yourself or your experiences that would aid in the selection process?

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**TUITION:**

The cost for this program is \$300 which covers meals, refreshments and training expenses associated with the nine sessions. Other expenses are covered through the generosity of sponsorships and contributions. A limited number of scholarships of up to \$100 are available for individuals who need assistance.

Will you need scholarship assistance in order to participate? (Limited resources are available)

Yes \_\_\_\_\_ No \_\_\_\_\_

**COMMITMENT:**

To successfully complete and graduate from the *McLeod For Tomorrow Leadership Program*, a participant is expected to attend all sessions. If you are unable to make the necessary commitment, it is not in your best interest to apply at this time.

I understand the purpose of the *McLeod For Tomorrow Leadership Program*, the requirement to attend the scheduled sessions, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, I will devote the time required.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**EMPLOYER'S AGREEMENT: (If Applicable)**

I fully support the application of \_\_\_\_\_ for the *McLeod For Tomorrow Leadership Program*, and I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled sessions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Completed applications must be received by **July 30, 2008**

Return to: *McLeod For Tomorrow*  
c/o Mary Jo Wieseler, Program Coordinator  
830 11<sup>th</sup> Street, Suite 114  
Glencoe, MN 55336