

## Leadership Anderson County 2020-2021 Application

| Name:                   |               |                    |                         |
|-------------------------|---------------|--------------------|-------------------------|
| Last                    | First         | Middle             | Preferred Name on Badge |
| Home Address:           |               |                    |                         |
|                         | Street        | City               | Zip                     |
| Phone: Home             | Work _        |                    | Cell                    |
| FAX:                    | E-Mail Ao     | ddress Work:       |                         |
| Personal E-Mail Addre   | ss:           |                    |                         |
| <b>Emergency Contac</b> | t:            |                    |                         |
| Special Needs:          | Name          | Phone Number       | Relationship            |
| <b>Diet:</b>            |               |                    |                         |
| Physical Lin            | nitations:    |                    |                         |
| Transportat             | ion Concerns: |                    |                         |
| Smoker:                 | yes           | no (needed for hot | el room assignments)    |
|                         | PROFESSION    | NAL INFORMATIO     | N                       |
| Employer/Organiza       | ation:        |                    |                         |
| Direct Supervisor:      |               | Phone #:           |                         |
| Business Address: _     |               |                    |                         |
| City:                   |               | State:             | Zip:                    |
| Present Position:       |               |                    |                         |

(see other side)



## COMMUNITY LEADERSHIP INVOLVEMENT

| "I'm interested in being involved in Leadership Anderson County because"  |       |  |  |
|---|-------|--|--|
| Please list community organizations/activities in which you have been involved during past five years and your involvement: | g the |  |  |
| Awards/Honors/Special Recognition:  |       |  |  |
| How did you learn about Leadership Anderson County?   |       |  |  |
| What do you expect to gain from the Leadership Program?   |       |  |  |
| What skills do you feel that you have as a leader?  |       |  |  |



## TIME REQUIREMENTS and TUITION

A major time commitment is required to participate in the Leadership Anderson County Program. As a candidate, you need to understand that absenteeism would prevent you from "graduating" with your class.

Full tuition <u>Early Bird Price</u> is \$1,250 or \$1,400 after April 23, 2020. This cost covers all your Leadership Anderson County Program expenses.

Leadership Anderson County participants are expected to conduct themselves professionally on all sponsored trips and activities. Failure to do so may result in the recommendation from the Leadership Anderson County Advisory Board that the participant be removed from the Leadership Anderson County program without refund.

## **SCHOLARSHIP INFORMATION**

A limited number of partial, needs-based scholarships will be available to individuals who are representatives or employees of Members in good standing of the Anderson County Chamber of Commerce. Please indicate below if you need to apply for a partial scholarship, the amount and why. Financial aid requests are considered only after the class selection process is complete and will in no way impact consideration of your application. Payment plans are also available for class members who wish to pay tuition in payments. Please contact 457-2559 for more information.

| Are you requesting a scholarship? ( ) YES ( ) NO Amount: \$  |
|--|
| Please indicate the total amount you are requesting. We do not grant full scholarships, but we would like to enable your participation. Scholarships will not exceed 50% of tuition. |
| Will you be able to participate in this program if your scholarship request is not granted? ( ) YES ( ) NO $$  |
| Why are you requesting a scholarship?  |
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| I understand the purpose and commitment of the L<br>time required if selected will make the program a p | eadership Anderson County program and will devote the riority in my schedule. |
| I certify that I am a U.S. Citizen.   |   |
| Applicant's signature   | Date photo for promotion of Leadership Anderson County                        |
| The above signature also serves as approval to use my   | photo for promotion of Leadership Anderson County                             |

with your check made payable to: **Anderson County Chamber of Commerce** 245 North Main Street, Suite 200 Clinton, Tennessee 37716

Program is limited to 25 participants each year. Please complete this application and return by April 23, 2020

PH: 865-457-2559 FAX 865-463-7480

(Information on this application will be treated as confidential)