

Application for Admission

Please complete the following application and submit it to the Chamber office by September 1st.

LEADERSHIP



Date: _____

Name: _____

Home Address: _____
Street City State Zip

Personal Email: _____ Cell Phone #: _____

Employer: _____ Title/Position: _____

Work Address: _____
Street City State Zip

Work Email: _____ Work Phone #: _____

Which contact would you like us to use? Work Personal

Employment History (Beginning with Present)

Employer	Position	Years	Location (City, State)

Affiliations (Please list professional, business, civic, social, and religious affiliations you now hold or have held in the past)

Organization	Dates	Offices/Positions Held

How would you describe your present knowledge of community affairs? Excellent Good Fair

How would you describe your current involvement in community affairs? Excellent Good Fair



Explain briefly what you hope to gain from your participation in Leadership Champaign County.

What, in your opinion, are the top three greatest assets Champaign County has to offer?

1. _____

2. _____

3. _____

What, in your opinion, are the three most pressing issues facing Champaign County?

1. _____

2. _____

3. _____

Realizing that your interests may change after you complete Leadership Champaign County, what are the areas in which you would presently like to become more involved?

Submitting your application is a statement that you and your employer are willing to make the commitment necessary to ensure successful completion of Leadership Champaign County.

Applicant Signature: _____ Date: _____

Employer/Sponsor Signature: _____ Date: _____

My Tuition will be paid by: Self Employer Interested in Scholarship*
*attach letter of request and explain reason for financial assistance

Return Completed Application to: **Champaign County Chamber of Commerce**
127 W. Court Street
Urbana, OH 43078
Fax: (937) 652-1599