



Thank you for applying for the 2019-2020
Chamber of Commerce Leadership Program.

**St.Cloud Area Leadership
APPLICATION 2019-2020**

INSTRUCTIONS

- Please complete each section in full.
- Please do not attach resumes or other support materials.
- The application must be signed by the candidate and employer, if applicable, and be received no later than May 31, 2019.
- All applicants will be notified of their status by July 31, 2019.

LEADERSHIP PROGRAM APPLICANTS SHOULD HAVE

- A sincere commitment, motivation and interest to serve in the community.
- Ability to make the time and personal commitment necessary to derive full benefit from the program.
- Achievements in community leadership roles and activities or ...
- An opportunity for advancement to leadership positions within a place of employment and/or volunteer organization.
- In addition to the stated criteria every effort is made to include representatives from business, government, education, not-for-profit organizations, citizens at large, and those bringing diversity to the St. Cloud Area Leadership program in areas including, but not limited to, professional, geographic, age, gender, and ethnic background.

COMMITMENT

To graduate from the St. Cloud Area Leadership program, a participant is expected to attend all sessions. **Attendance at the retreat and May class sessions are mandatory.** The retreat takes place on the 2nd Thursday and Friday of October and consists of two full-day sessions with one overnight stay. Day sessions include one full day per month and run from 7:30 a.m. to 5:00 p.m. on the second Thursday of the month from September through May with an evening graduation ceremony following the May class session.

Dates for 2019-2020 Leadership Program

September 12, 2019	December 12, 2019	March 12, 2020
October 10 & 11, 2019- Retreat	January 9, 2020	April 9, 2020
November 14, 2019	February 13, 2020	May 14, 2020 - Graduation

I. Personal Data

Name

Last

First

MI

Preferred Name _____

Home Address

Years in St.Cloud area

Number

Street

City

State

Zip

Home Phone

Occupation _____

Business Address _____

Business Phone _____

Fax Number _____

*Email Address: _____

City

State

Zip

Home Work

**Please provide email as notices are sent out through email*

II. Employment

Present Employer _____ Date of Hire: _____

Type of Organization _____

Title _____

List other recent employment.

Employer	Title/Responsibility	From	To
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What do you consider to be your highest responsibility, skill or career achievement so far?

Special awards, honors, extracurricular activities or service activities

III. Education

List the last completed education level.

IV. Community Involvement

List, in order of importance to you, up to three community, civic, professional, business, religious, social, athletic or other organizations of which you are or have been a member.

Organization	Date of Membership	Responsibility
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What type of volunteer activities would you like to become active with in the future?

V. General Information

What do you think is a significant challenge facing the St. Cloud area today?

What are your ideas for addressing this challenge?

What do you think is the area's most notable opportunity?

What strengths would you bring to the Leadership Program?

What specific skills/knowledge do you hope to gain from participating in the St. Cloud Area Leadership Program?

VI. Recommendations

Please list 2 people who are knowledgeable about your leadership performance and potential.

Name _____ Phone _____
Relationship _____ Address _____

Name _____ Phone _____
Relationship _____ Address _____

VII. Tuition

Tuition for Chamber members is \$625, non-Chamber members is \$900. Tuition is non-refundable and due to the Chamber office by August 31, 2019.

If selected, who will be responsible for your tuition?

_____ Employer/Sponsor _____ You

Candidate: Attendance at all sessions is top priority. Retreat and May class session attendance is mandatory.

I understand the purpose of the St. Cloud Area Leadership Program and if I am selected, I will devote the time and resources necessary to complete the program. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature _____ **Date** _____

Employer – *This application has the approval of this organization and the candidate has our full support, which includes the time required to participate in this program.*

Employers

Name (Print) _____ **Signature** _____ **Date** _____
(first & last name, not company name)

St. Cloud Area Leadership is a program of the St. Cloud Area Chamber of Commerce

Please return by May 31, 2019 to:

St. Cloud Area Leadership

PO Box 487

St. Cloud, MN 56302-0487

Fax: 320-251-0081