



## 2010 Application Form

### General Information

*(Please Type or Print)*

Name \_\_\_\_\_  
Last First Middle

Name You Go By \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of Years Lived in Salina/Saline County \_\_\_\_\_

Number of Years worked in Saline County \_\_\_\_\_

21 Years of Age or over? Yes \_\_\_ No \_\_\_

### Employment

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Current Title or Responsibility \_\_\_\_\_

## Email address and mailings

Communication with class members will be via email. List an email address you prefer to use. If you do not have an email address, indicate which address (home or work) for mailings.

Email \_\_\_\_\_

## Please answer the following questions

What do you hope to gain from the Leadership Salina experience?

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After this experience, how do you intend to get involved in the Salina community? What specific organizations (community, civic, professional, business, religious, social, and athletic, etc.) do you plan to get involved with?

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## Tuition

The tuition fee is \$450. A limited number of full and partial scholarships are available. If scholarship assistance is needed, please contact Don Weiser at the Chamber office, 827-9301 or [dweiser@salinakansas.org](mailto:dweiser@salinakansas.org).

Scholarship Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

## Attendance

Leadership Salina class members are required to attend all sessions, including a two-day, one-night overnight retreat. In addition to the sessions, participants will spend time outside the "formal sessions" to complete at least 10 visits to various businesses and organizations; to practice leadership skills; and to complete a class project. Any absence, regardless of reason, must be excused by one of the co-chairs. Participants unable to attend all sessions may, at the discretion of the co-chairs, be withdrawn from the program. *In such cases, there will not be a tuition refund.*

## Session Dates

Retreat	Tuesday/Wednesday	August 31, & September 1 (8am Tuesday to 5pm _____ Wednesday)
Session 1	Tuesday	September 14 (8am-5pm)
Session 2	Tuesday	September 28 (8am-5pm)
Session 3	Tuesday	October 12 (8am-5pm)
Session 4	Tuesday	October 26 (8am-5pm)
Session 5	Tuesday	November 9 (8am-5pm)
Session 6	Tuesday	November 23 (8am-5pm)
Session 7	Tuesday	December 7 (8am-3pm and 5pm-8pm)

If selected, I can devote the required time to the program: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for the Leadership Salina program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what year(s)? \_\_\_\_\_

I am aware of the time requirement for Leadership Salina and will attend all scheduled sessions.

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**Applicant's Signature**

I am aware of the attendance commitment required by Leadership Salina and will allow my employee to be away from work as required by the program.

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**Employer's/Supervisor's Signature**

**Application Deadline: July 30, 2010**