



LEADERSHIP ANDERSON XXII APPLICATION
2007-2008

Application must be typed or handwritten

PERSONAL INFORMATION

Full Name Last First Middle

Date of Birth Month Day Year Gender* Race*

Home Address

City State Zip

Home Phone ()

Employer

Business Mailing Address

City State Zip

Business Phone () Fax () E-Mail

Where would you like to receive mail? Home Business

Sponsor, if any (Sponsor may be your employer or an organization such as the Jaycees, etc. If no sponsor, write none)

Are you employed in the Anderson area? Yes No

Are you self-employed? Yes No

Are you a resident of Anderson County? Yes No If yes, # of years

I agree to participate in all activities planned for this program, including preparation and work on an action group and class project, and participation in those activities that relate to the evaluation of the program as a whole. I understand that even though emergencies do arise, the class retreat session is mandatory and that any participant missing this session will be removed from the class. I also understand that any participant missing more than three other follow-up sessions will not graduate. I understand that there are NO EXCEPTIONS to this policy.

Signature of Applicant Date

* This information will help assure diversity in the class.

PROFESSIONAL INFORMATION

Present Employer _____

Position/Title _____

Beginning Date of Employment _____
Month Day Year

Description of Work:

List any special honors or awards received in your professional career.

EDUCATIONAL BACKGROUND

Secondary/Post-Secondary/Graduate Education

<u>Institution</u>	<u>Location</u>	<u>Date of Graduation</u>	<u>Degree</u>
--------------------	-----------------	---------------------------	---------------

Please list any special honors or awards received in conjunction with your educational experiences.

Name _____

COMMUNITY INVOLVEMENT

List up to five community, civic, professional, business, social, or other organizations of which you are, or have been a member.

Name and address of organization	Purpose of organization	Role in organization	Date of involvement
1.			
2.			
3.			
4.			
5.			

What is the most significant thing you have learned as a result of your community/volunteer involvement? How has this knowledge impacted your daily and/or professional life?

Why have you applied to Leadership Anderson? What would you bring to the program? If selected for Leadership Anderson and you successfully complete the program, what additional leadership roles will you take in your community?

Name _____

PERSONAL STATEMENT

What do you feel are the greatest challenges and/or opportunities ahead for Anderson?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

What type of leadership development information would you like presented that would enhance your present skills?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Name _____

CEO ENDORSEMENT *(if necessary)*

I hereby recommend _____ for consideration in the Leadership Anderson program. If (s)he is selected, I agree to provide adequate release time from regular duties to attend the required sessions and activities.

Name _____ Title _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Signature _____ Date _____

Is the applicant likely to remain in Anderson for the foreseeable future? Yes _____ No _____

Explain: _____

Is your company an active member of the Anderson Area Chamber of Commerce? Yes _____ No _____

If the applicant from your organization is accepted into the Leadership Program, will your company pay the **\$1,250** fee for the applicant? _____ Yes _____ No

Application must be filled out completely and delivered to the Anderson Area Chamber of Commerce no later than Friday, July 27, 2007. The Leadership Anderson cost is \$1,250. The selection process will be completed in early August; you will be notified and billed at that time.

SCHOLARSHIP INFORMATION

Tuition for Leadership Anderson is \$1,250. Participants are responsible for ensuring full payment of their tuition. If you will be requesting financial assistance from your employer, you should discuss this with them prior to submitting this application.

Leadership Anderson offers one partial (one-half) scholarship. This scholarship will be awarded based on need. There are no full scholarships available. Applications for scholarship assistance are considered separately and will not affect class selection.

Will you require scholarship assistance from Leadership Anderson in order to participate in the program?
_____ Yes _____ No

If YES, please explain the circumstances that require you to seek financial assistance from the program.

TENTATIVE SESSION DATES 2007 /2008

August 23, 2007 4:00 – 6:00	Orientation
September 9-10 2007	Class Retreat – Mandatory
October 3, 2007	History Session
November 7, 2007	Area Economy Session
December 12, 2007	Arts & Culture Session
January 9, 2008	Health & Human Services Session
January 30, 2008	Education Session
February 13, 2008-<i>Tentative</i>	State Government Session
March 12, 2008	Media Session
April 19, 2008-<i>Saturday</i>	Community Service Day
May 7, 2008	Civil and Criminal Justice Session
May 28, 2008	Quality Of Life Challenge
June 4, 2008	Make A Difference & Next Steps to Leadership
June 17, 2008	Class 24 Graduation

For additional information contact the Chamber at (864) 226-3454.
Or e-mail Kloftis@andersonscchamber.com