



EMPLOYMENT  
(if applicable)

Present Employer \_\_\_\_\_ Date Began \_\_\_\_\_

Present Title or Responsibility \_\_\_\_\_

Hours of Work Per Week \_\_\_\_\_

The goal of **JUNIOR LEADERSHIP SALINA** is to provide information and education about the diversity of this community, its challenges, its resources and its concerns. What do you expect to gain from this program?

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How do you see yourself using **JUNIOR LEADERSHIP SALINA** training to expand your future involvement in the community?

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What are your future vocational plans?

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How did you learn of this program? \_\_\_\_\_

Who recommended this program to you? \_\_\_\_\_

Tuition for the program is \$100.00. Each participant will be responsible for paying \$25. The remaining \$75 will be underwritten by the Salina Business Community and other interested persons.

**I am completely aware of the time required for JUNIOR LEADERSHIP SALINA and I pledge my intention to attend each of these sessions. I understand that I must attend all of the events to graduate. I also understand that two letters of recommendation are required with this application supporting my nomination and leadership potential. One of the letters must be written by someone other than a teacher or school administrator.**

**Return Applications to:**  
**Salina Area Chamber of Commerce**  
120 W. Ash / PO Box 586  
Salina, KS 67402-0586

**Application Deadline January 12, 2010**

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**Applicant's Signature**

**I am aware of the commitment required by JUNIOR LEADERSHIP SALINA and will allow my son/daughter to participate.**

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**Parent's or Guardian's Signature**