**

2016 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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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In your judgment, what are three challenges or opportunities facing the Salina area today? What are your recommendations for approaching and resolving them?

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List other information you may wish to make available to be considered in the selection process.

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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.

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

**Attendance**

Leadership Salina class members are required to attend all sessions, including a one day session at the Kansas Leadership Center in Wichita. In addition to the sessions, participants will spend time outside the “formal sessions” to complete a class project. Any absence, regardless of reason, must be excused by one of the co-facilitators. 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**

 Session 1 Thursday August 25 (9am-5pm)

 Session 2 Thursday September 8 (9am-5pm)

 Session 3 Thursday September 22 (9am-5pm)

 Kansas Leadership Center Thursday October 4 (9am-3:30pm)

 Session 4 Thursday October 20 (9am-5pm)

 Session 5 Thursday November 3 (9am-5pm) Session 6 Thursday November 10 (9am-5pm)

 Graduation Tuesday November 10 (5:30-7pm)

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.

My employer has approved my absence from work as required by the Leadership Salina program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**

**Application Deadline: August 1, 2016**