



A program of the Central Delaware Chamber of Commerce

Class of 2018 Application

(Applications **MUST** be typed)

PROFILE INFORMATION

Please choose one:

Mr. Ms. Mrs. Dr.

First Name: _____ Middle Initial/Name: _____

Last Name: _____

Prefer To Be Called: _____

Business/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Job Title: _____

Professional Responsibilities: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Preferred Mailing Address (work or home: _____)

Please List Any Food Allergies:

PERSONAL DATA

How long have you lived in Central Delaware?

How did you hear about Leadership Central Delaware?

Please describe your reason(s) for applying to the Leadership Central Delaware program. What do you hope to gain and how will you apply the experience in the future?

What are your hobbies or interests?

Where did you go to school? *(List high schools, colleges, business or trade schools and any other specialized programs. Include the city and state, dates attended and major / degree)*

Completing the following three questions is voluntary. The information will be helpful to ensure the diversity of the class.

1. Age Range:

Under 25

25-30

31-40

41-50

51+

2. Birthday

Month: _____

Day: _____

3. Ethnicity:

African American

Asian / Pacific Islander

Caucasian

Latino

Other _____

LEADERSHIP SKILLS

Please describe a time when you have been engaged in a community project, initiative, cause or organization (professional or community) that has been fulfilling. *The following questions may serve as a guide. How have you contributed to the success of someone, a group or an organization? In what ways has this involvement affected you? What was your role?*

What do you consider your highest responsibility, skill or career achievement to date?

What leadership skills do you feel are your strengths?

What skills do you hope to develop through your Leadership Central Delaware experience?

In what nonprofit agency or with what community issue would you like to become involved with?

COMMITMENT FORM

*If accepted into the program, you or your sponsor will need to pay the full tuition **prior to the start of the program**. The \$995 tuition covers all program costs including room and meals at the overnight retreat.*

Please note that all times, dates, locations, etc., are subject to change.

1. Party responsible for tuition payment (check one):

Company / Organization _____ Individual Participant _____

If “sponsoring company or organization” is responsible for payment:

Contact Person / Title: _____

Phone: _____

Email:- _____

2. Are you a non-sponsored individual (sole proprietor or nonprofit representative with an annual operating budget under \$500,000) requesting a partial scholarship?

YES ____ NO ____

If yes, please enclose a formal written request expressing your need. Scholarships are reviewed/rewarded on a case by case basis and determined by Leadership Central Delaware.

3. By signing below, both you and your employer / organization understand:

- The purpose of Leadership Central Delaware and, if selected, will devote the time and resources to complete the program. This also includes volunteering for the class’s community service project and at the annual CDCC Gift Auction to be held in October 2017.
- The commitment includes a two-day retreat in September, 9 session days. October through June and a graduation at the CDCC Awards for Excellence Dinner in June and a 1 day closing retreat.
- Attendance is mandatory and tuition is not refundable upon withdrawal from the program.

Applicant Signature _____ Date _____

Employer (if applicable)

This application has the approval and full support of this organization including the time required to successfully complete the program. I confirm that our organization will contribute \$_____ toward this applicant’s tuition. For applicants who answer directly to a board of directors, such as an executive director of a non-profit organization, please have the board president or chair sign.

Employer / Organization Signature _____

Date _____

***Return completed application by April 21st, 2017 to:
Leadership Central Delaware / ATTN: Kristi Osborn,
435 N. DuPont Hwy., Dover DE 19901; kosborn@cdcc.net***