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| Class of 2020 Application*(Applications* ***MUST*** *be typed)* |  |



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| Applicant Information |
| Last Name |  | First |  | M.I. |  |  |
| Street Address |  | Apartment/Unit  |  |
| City |  | State, Zip |  | DOB |  |
| Phone |  | E-mail Address |  |
| Preferred Mailing Address: \_\_\_ Home \_\_\_ Work Food Allergies:  |
| Business/organization |
| Company |  | Phone |  |
| Address |  |
| Job Title |  | Length of time at job |  |

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| Professional Responsibilities:  |

**Personal Data**

How long have you lived in Central Delaware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about Leadership Central Delaware?

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Please describe your reason(s) for applying to Leadership Central Delaware program and what you hope to gain from the program.

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What are your hobbies or interests?

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

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Completing the following three questions is voluntary. The information will be helpful to ensure the diversity of the class. Please put a check next to the option that best fits you in the appropriate questions below.

Age range:

Under 25

25-30

31-40

41-50

51+

Birthday:

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?*

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

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What leadership skills do you feel are your strengths?

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What skills do you hope to develop through your Leadership Central Delaware experience and how will you implement them in your career/life?

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

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| commitment form |
| If accepted into the program, you or your sponsor will need to pay the full tuition prior to the start of the opening retreat - September 2019. The $1,495 tuition covers all program costs including room and meals for 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 $500,00) 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 held in October 2019.
* The commitment includes a two-day retreat in September, 9 session days (the first Thursday, October through June), a graduation ceremony at the CDCC Awards for Excellence Dinner in June and a one 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 the organization including the time required to successfully complete the program as outlined above. I confirm that our organization will contribute $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ toward the 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 26th, 2019 to:****Central Delaware Chamber of Commercec/o Heather McTheny 435 North DuPont HighwayDover, Delaware 19901****or****lcd@cdcc.net** |