



A program of the Lenexa Chamber of Commerce
 Confidential Application
 2019 Program Year
APPLICATION DUE BY FRIDAY, OCTOBER 26th, 2018

CONTACT INFORMATION

Last Name	First	Preferred First Name	
Present Employer	Position/Title	Years in Current Job	
Business Address	City	State	Zip
Business Phone	Cell Phone		
Preferred Email for Correspondence			

Briefly state the reason you wish to participate in Leadership Lenexa and what you hope to gain:

CURRENT EMPLOYMENT INFORMATION

Please tell us about your current position (including job description, roles and responsibilities):

COMMUNITY INVOLVEMENT

List any volunteer political, social, civic or religious organizations in which you are currently active:

Do you currently have children attending one of the following school districts? (Yes/No)

De Soto:

Olathe:

SMDS:

Please list three personal, professional or community references:

Name	Company	Phone	Email
Name	Company	Phone	Email
Name	Company	Phone	Email

IN YOUR OPINION:

What do you believe are the greatest assets of our community today (Lenexa and surrounding cities in Johnson County)?

What do you believe are the greatest challenges facing our community?

Have you participated in a StrengthsFinder survey at work or personally?

Yes Approximate date: _____ No

NAME BADGE AND PLAQUE INFORMATION

Please print your name as you would you like it to appear on:

Name Badge

First and Last Name: _____

Company: _____

Recognition Plaque

First and Last Name: _____

Company: _____

Printed and electronic media produced by the Lenexa Chamber of Commerce

First and Last Name: _____

Company: _____

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TUITION

Tuition for chamber members is \$800.

Tuition for non-members is \$900.

(For non-members, the additional \$100 will be applied towards membership dues should your company join the chamber.)

Tuition covers all materials, transportation, meals, snacks and graduation luncheon.

DO NOT SEND TUITION WITH APPLICATION

Scholarships covering half tuition are **available on a limited basis**. Please indicate if you are in need of scholarship assistance.

Yes, please consider me for a scholarship.

APPLICANT SIGNATURE

With my signature, I acknowledge and understand the purpose of Leadership Lenexa and I will devote the time and resources necessary to complete the program. **I further understand that my attendance at all sessions is mandatory.** I understand the above commitments and agree to them by signing this application.

I will make payment arrangements for my Leadership Lenexa tuition no later than **January 10, 2019**.

Signature of Applicant _____ Date _____

(I understand that typing my name constitutes my signature confirming that I acknowledge and agree to the above terms.)

EMPLOYER SIGNATURE

As the applicant's employer, I will support his/her participation in the 2019 Leadership Lenexa program by assuring that this applicant can attend each session. **I understand all sessions are mandatory and will give him/her time to attend these sessions.**

Signature of Employer _____ Date _____ Phone _____
Email _____

(I understand that typing my name constitutes my signature confirming that I acknowledge and agree to the above terms.)

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Thank you for your interest in Leadership Lenexa!

We welcome all participants who have completed an application, who understood the importance of attendance and have the support from a supervisor or other individual who may hold a position of authority which allows for absences from work.

Your completed application must be received at the Chamber office by *FRIDAY, OCTOBER 26TH, 2018.*

Return to: Julie Steiner, Program Director
Lenexa Chamber of Commerce
11180 Lackman Road | Lenexa, KS 66219
P: 913-888-3770 | F: 913-888-3770
jsteiner@lenexa.org

