

Do you currently have children attending one of the following school districts? (Place an X if yes)

De Soto: _____

Olathe: _____

SMSD: _____

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 (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?

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: _____

Printed and electronic media produced by the Lenexa Chamber of Commerce

First and Last Name: _____ **Company:** _____

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 **Friday, January 10, 2020.**

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 2020 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.)

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, November 22, 2019.

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

leadership
lenexa