



**2025
PROGRAM
APPLICATION**

**We welcome all participants who have completed an application,
who understand the importance of attendance,
and have the support from an employer who will allow
for your absences on session days.**

CONTACT INFORMATION

Full Name

Preferred Name

Current Employer

Company Address

Email

Cell

Office

**DO YOU CURRENTLY HAVE CHILDREN (K-12) ATTENDING
SCHOOL IN ANY OF THE FOLLOWING DISTRICTS:**

- DE SOTO** **OLATHE** **SMSD** **PRIVATE/OTHER** **N/A**

**SHARE WITH US THE REASON YOU WANT TO PARTICIPATE
IN LEADERSHIP LENEXA:**

PLEASE GIVE US A BRIEF DESCRIPTION OF YOUR CURRENT POSITION AT WORK:

SHARE ANY VOLUNTEER, POLITICAL, SOCIAL OR CIVIC ORGANIZATIONS IN WHICH YOU ARE CURRENTLY ACTIVE. THIS CAN INCLUDE PAST AFFILIATIONS IF YOU WOULD LIKE.

PLEASE SHARE THE NAME OF THE INDIVIDUAL WHO REFERRED YOU TO THE PROGRAM. IF NO REFERRAL, PLEASE LIST A PROFESSIONAL/COMMUNITY REFERENCE.

Name

Company/Affiliation

Email

Phone

WHAT DO YOU BELIEVE ARE THE GREATEST ASSETS OF OUR COMMUNITY (LENEXA AND SURROUNDING COMMUNITIES)? INCLUDE UP TO THREE.

1.

2.

3.

WHAT DO YOU BELIEVE ARE THE GREATEST CHALLENGES FACING OUR COMMUNITY? INCLUDE UP TO THREE.

1.

2.

3.

HAVE YOU PARTICIPATED IN A STRENGTHSFINDER SURVEY?

NO

YES

YEAR

If you answered yes...

We will discuss Strengthsfinder's Top 5 Strengths results.

If you have taken the survey, you will be asked to provide your results.

If you cannot locate them or took them with a previous employer, you should be able to retrieve them by providing your email address used at the time.

It is recommended that individuals NOT retake a Strengthsfinder survey as the use of your original results is best.

For assistance locating your results, contact Gallup:

Chat: www.Gallup.com to chat

Email: Support@mail.gallup.com

Call: 1-888-486-9104

NAME PREFERENCE

Please include your name as you would like it to appear on the following:

Name Badge

First Name

Last Name

Company

Recognition Certificate

First Name

Last Name

Printed & Electronic Media

First Name

Last Name

Company

TUITION

Lenexa Chamber Members: \$1,000

Non-Lenexa Chamber Members: \$1,200

Program tuition includes meals, transportation and all materials as well as a seat at the Mayor's State of the City Address and Luncheon.

DO NOT SEND TUITION WITH APPLICATION
You will be invoiced in January 2025.

SCHOLARSHIPS

Partial scholarships may be available for chamber members.

Priority goes to non-profits, self-employed individuals, small businesses, and community volunteers.

I fit the criteria and would like to be considered for a partial scholarship.



APPLICANT SIGNATURE

By providing my signature, I acknowledge and understand the purpose of Leadership Lenexa and will devote the time and resources necessary to complete the program.

I further understand that my attendance at all sessions is mandatory.

Applicant Signature _____

Date _____

EMPLOYER SIGNATURE (IF NOT SELF-EMPLOYED)

As the applicant's employer/supervisor, I understand all sessions are mandatory and will allow the participant the time necessary to attend all activities.

Employer Signature _____

Date _____

Your completed application must be received at the Lenexa Chamber office by Friday, December, 13, 2024.

You may return by email to jsteiner@lenexa.org or mail to:

**11180 Lackman Road | Lenexa, KS 66219
ATTN: Julie Steiner**