



**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](http://www.Gallup.com) to chat**

**Email: [Support@mail.gallup.com](mailto: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 Wednesday, November 27, 2024.**

**You may return by email to [jsteiner@lenexa.org](mailto:jsteiner@lenexa.org) or mail to:**

**11180 Lackman Road | Lenexa, KS 66219**

**ATTN: Julie Steiner**