

**2026**

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.

**C O N T A C T I N F O R M A T I O N**

Full Name Preferred Name Current Employer Company Address Email

Cell #: Office #:

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

DE SOTO OLATHE SMSD PRIVATE/OTHER N/A

**PLEASE SHARE WHAT YOU HOPE TO GAIN FROM PARTICIPATING IN LEADERSHIP LENEXA:**

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

**SHARE ANY VOLUNTEER, POLITICAL, SOCIAL OR CIVIC ORGANIZATIONS IN WHICH YOU ARE OR HAVE BEEN ACTIVE IN THE PAST FIVE YEARS.**

**IF AN INDIVIDUAL REFERRED YOU TO THE LEADERSHIP LENEXA PROGRAM, PLEASE INCLUDE THE INFORMATION BELOW:**

Name **C**ompany/Affiliation Email

Phone

**IN BRIEF, WHAT DO YOU BELIEVE ARE THE GREATEST ASSETS OF OUR CITY AND SURROUNDING COMMUNITIES?**

1.

2.

3.

**IN BRIEF, WHAT DO YOU BELIEVE ARE THE THREE GREATEST CHALLENGES FOR OUR CITY AND SURROUNDING COMMUNITIES?**

1.

2.

3.

**HAVE YOU PARTICIPATED IN A STRENGTHSFINDER SURVEY?**

NO  YES YEAR

If you answered yes...

We will discuss Gallup StrengthsFinder’s Top 5 Strengths results.

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

If you cannot locate your results or took the survey 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: Sup port@mail.gallup.com Call: 1-888-486-9104

**N A M E P R E F E R E N C E**

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

Name Badge

First Name Last Name Company

Recognition
First Name

Last Name

Printed & Electronic Media First Name

Last Name Company

**T U I T I O N**

Lenexa Chamber Members: $1,060 Non-Lenexa Chamber Members: $1,260

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 TUTION WITH APPLICATION\*

**You will be invoiced in January 2026.**

**S C H O L A R S H I P S**

Partial scholarships may be available for chamber members.
Priority goes to non-profits, self-employed individuals, small businesses, and community volunteers.
 I meet the criteria and would like to be considered for a partial scholarship.



**A P P L I C A N T S I G N A T U R E**

I understand the purpose of the Leadership Lenexa program, and I will devote the time and resources necessary to complete the program. Furthermore, I understand that all sessions are mandatory, and any absence will be addressed on a case-by-case basis. Missing more than one session may result in my being asked to withdraw from the program, with no portion of the tuition being refunded. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature Date

**E M P L O Y E R S I G N A T U R E (I F N O T S E L F - E M P L O Y E D)**

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 12, 2025.

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

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