



2027 PROGRAM APPLICATION

LEADERSHIP LENEXA WELCOMES ALL TO PARTICIPATE IN THE PROGRAM WHO HAVE COMPLETED AN APPLICATION, UNDERSTAND THE IMPORTANCE OF ATTENDANCE, AND HAVE THE SUPPORT OF AN EMPLOYER WHO WILL ALLOW FOR YOUR ABSENCES ON SESSION DATES.

CONTACT INFORMATION

First Name:

Last Name:

Preferred Name:

Company:

Company Address:

Email:

Office Phone:

Cell Phone:

GIVE A BRIEF DESCRIPTION OF YOUR ROLE AT WORK: (150 words max)

SHARE WHY YOU WOULD LIKE TO PARTICIPATE IN LEADERSHIP LENEXA AND
WHAT YOU HOPE TO GAIN: (150 words max)

I was selected to participate by my company

☐

I learned about the program on my own/
Through Chamber Announcements

☐

I was referred by someone outside of my company
Referral name and company:

☐

WHAT DO YOU BELIEVE ARE THREE OF LENEXA'S GREATEST ASSETS:

1.

2.

3.

WHAT DO YOU BELIEVE ARE THREE OF LENEXA'S GREATEST CHALLENGES:

1.

2.

3.

LIST ANY VOLUNTEER, POLITICAL OR CIVIC ORGANIZATIONS IN WHICH YOU ARE
OR HAVE BEEN ACTIVE IN THE PAST FIVE YEARS: (150 words max)

I HAVE CHILDREN (K-12) ATTENDING SCHOOL IN THE FOLLOWING DISTRICTS:

☐

De Soto

☐

Olathe

☐

SMSD

☐

Private/Other

HAVE YOU PARTICIPATED IN A STRENGTHSFINDER ASSESSMENT?

YES ☐

YEAR

NO ☐

Our first session will focus the group's individual Gallup Strengthsfinder's Top 5 results.

If you have taken the assessment previously, you will be asked to provide your results. The use of your original results is recommended and if necessary, you will be provided with information to retrieve them.

If you have not taken the assessment, you will be provided with information to take the assessment in early January.

PLEASE INCLUDE YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON THE FOLLOWING:

NAME BADGE:

First (Middle, optional) Last

Company

RECOGNITION PLAQUE:

First (Middle, optional) Last

PRINTED AND ELECTRONIC MEDIA

First (Middle, optional) Last

Company

TUITION

Lenexa Chamber Member: \$1,260.00

Non-Lenexa Chamber Member: \$1,560.00

Program tuition includes meals, transportation, materials and a set at the Mayor's State of the City Address and Luncheon

DO NOT SEND TUITION WITH APPLICATION
You will be invoiced in January 2027

Tuition assistance is available for Chamber members in the form of partial scholarships.

Priority goes to non-profits, entrepreneurs, and self-employed individuals with an annual operating budget under \$1,000,000.

Scholarship amounts are based on available funds.

I believe I meet the criteria and would like to be considered for a scholarship

☐

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

Applicant Signature:

Date:

SUPERVISOR AGREEMENT AND SIGNATURE (IF APPLICABLE):

As the applicant’s supervisor, I understand all sessions are mandatory and I will excuse the applicant from work obligations in order to attend and complete the program.

Supervisor Signature:

Supervisor Name:

Date:

COMPLETED APPLICATIONS MUST BE RECEIVED AT THE LENEXA CHAMBER OFFICE BY TUESDAY, DECEMBER 1, 2026.

RETURN BY:

**MAIL: LENEXA CHAMBER OF COMMERCE
11180 LACKMAN ROAD | LENEXA KS 66219
ATTN: JULIE STEINER**

OR

EMAIL: JSTEINER@LENEXA.ORG

LEADERSHIP LENEXA IS A PROGRAM OF THE

