**APPLICATION FORM**

Fill out this form on-line by tabbing between fields. When completed, click “File: Save As” and save it with your last name.

Attach the file in an email or print out and mail to (or scan or send by fax):

Leadership Siouxland Attn: Peggy Smith

101 Pierce Street, Sioux City, IA 51104

Fax: 712 500 3270

[Info@LeadershipSiouxland.org](mailto:Info@LeadershipSiouxland.org)

Or email to [pesmith@bluebunny.com](mailto:pesmith@bluebunny.com)

Phone: 712-898-8594

**Applications must be received by August 31st**

**SECTION 1: PERSONAL INFORMATION**

First Name:       Last Name:

Address:       City/State:       Zip:

Phone:       Email:

\*Race/Ethnicity:       \*Gender:  Female  Male

*\*For Leadership Siouxland to ensure that those selected reflect the diversity of the community, you are asked to specify race and gender. Your response is optional.*

I am requesting scholarship assistance:  No  Yes If yes, complete Section 9 to apply. *Note: A limited number of scholarships are available to class participants with demonstrated need. Maximum scholarships amounts will not exceed 50% of the current tuition amount*

**SECTION 2: ADDITIONAL INFORMATION**

Years in Siouxland area  Less than 5   5 yrs   10 yrs  15 yrs  all my life   other

Anticipated residency  5 yrs  5-10 yrs 10+ yrs

## SECTION 3: CURRENT/PAST EMPLOYMENT

Employer:       Position/Title:

Job Responsibilities:

Skills necessary to fulfill job responsibilities:

What do you consider your highest responsibility, skill or career achievement to date?

Briefly describe previous positions held at this company (in the past ten years):

Please list your immediate past employer, position/title, and job responsibilities:

**SECTION 4: EDUCATIONAL BACKGROUND**

Please complete the following educational information.

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL NAME** | **CITY/STATE** | **MAJOR/ DEGREE RECEIVED** | **YEARS ATTENDED/ GRAD DATE** |
| College: |  |  |  |
| Other (Applicable Training): |  |  |  |

## SECTION 5: ORGANIZATIONS AND ACTIVITIES/ VOLUNTEER WORK

Please list, in order of importance to you, the major civic, business and professional activities in which you have participated during the past several years. For each activity, indicate the extent of your involvement including offices that you have held, awards received, or special recognition given.

|  |  |  |
| --- | --- | --- |
| **ORGANIZATIONS/ACTIVITIES** | **APPROX. DATES OR MEMBERSHIP** | **INVOLVEMENT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

SECTION 6: PERSONAL PERSPECTIVES:

Why do you choose to live in Siouxland?

Describe how you have demonstrated leadership in Siouxland (or if new to our community, the area where you have recently lived):

Define a leader:

Why do you feel you should be selected to participate in Leadership Siouxland? (Limit to 50 words or less):

SECTION 7: Letter of Recommendation

Please submit a letter of recommendation from your employer or sponsoring agency.

SECTION 8: TUITION AND ATTENDANCE COMMITMENT

Programs will typically be held on the first Thursday of the month from about 5:30 p.m. – 9:45 p.m., October through May, although there may be an exception to this based on session topics, location and panelist availability. Attendance at the fall retreat (“Orientation”), held in September, is mandatory. The fall retreat is typically held on the third Thursday in September from approximately 9 – 4.

To graduate from Leadership Siouxland, attendance at all sessions for the full timeframe is required and crucial to your success in the program. Participants who miss a session for any reason will be required to make up for the absence in some fashion. Missing more than one session (dependent upon the reasons) may result in being dropped from the program without refund. If you are unable to make the full commitment now, it may be best to postpone your application in the program.

If selected to participate in Leadership Siouxland, you and/or your company or sponsoring organization, agree to pay $675.00 tuition, which is nonrefundable and due upon your acceptance into the program (sent by letter or email), but no later than September 1st. Please contact Peggy Smith, Executive Director, at 712-898-8594 or the Leadership Siouxland Treasurer if you need to make other arrangements for payment schedule. Failure to pay on time or meet the payment schedule agreed upon will result in you being dropped from the program.

Party responsible for paying the tuition (can be a combination):

Employer  Participant Personally  Scholarship, if awarded (application attached)  Other

If other, please provide details Name:       Email:

PLEASE READ AND CHECK EACH BOX TO SIGNIFY YOUR UNDERSTANDING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge.

I understand the purpose of the Leadership Siouxland program and, if I become a participant, I agree to devote the time and energy necessary to make it a successful experience.

I agree to permit Leadership Siouxland to conduct a background check of me prior to my participation in the Leadership Siouxland program.

I agree that Leadership Siouxland shall have full discretion to review the background check conducted of me to determine my ability to participate in the Leadership Siouxland program.

I agree to release and discharge Leadership Siouxland, all its officers, board members, executive director, agents, volunteers, and representatives for any injury, loss, or damage sustained or incurred arising out of or in any way associated with said background check.

I agree to release and discharge Leadership Siouxland, all its officers, board members, executive director, agents, volunteers, and representatives for any injury, loss, or damage sustained or incurred arising out of or in any way associated with my participation in the program.

I understand that submission of this application does not guarantee my acceptance into the program.

A limited number of scholarships are available to class participants with demonstrated need. Maximum scholarships amounts will not exceed 50% of the current tuition amount. To apply for a scholarship, please complete SECTION 9 of the application. Those awarded a scholarship will be notified by September 1. For additional information concerning scholarships, contact the Leadership Siouxland Executive Director, Peggy Smith, at 712‑898-8594, email [Info@LeadershipSiouxland.org](mailto:Info@LeadershipSiouxland.org) or visit <http://www.leadershipsiouxland.org/>.

Applicant’s Signature\*:       Date:       (m/d/yyyy)

*\*Typing your name above indicates your intent to participate in this program. An actual signature may be required upon acceptance into the program.*

SECTION 9: SCOTT PHELPS & BERMEL FAMILY MEMORIAL SCHOLARSHIPS

I am applying for a scholarship.

A limited number of scholarships are available to class participants with demonstrated need. *Maximum scholarships amounts will not exceed 50% of the current tuition amount.*

*Please note: Leadership Siouxland is a volunteer-based program. For those requesting scholarship assistance, it is requested that you participate as a volunteer in the many program-sponsored activities, monthly sessions, on committees, or at any Leadership Siouxland-related event where assistance is needed, based on your personal talents. If you cannot commit to assisting in some way at this time you may want to consider applying at another point in time.*

In 500 words or less please describe why you need financial assistance and why Leadership Siouxland should consider you for a scholarship.