**APPLICATION FORM FOR 2019-2020 CLASS**

Either print and complete by hand; or preferably 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 51101

Fax: 712 500 3270

Info@LeadershipSiouxland.org OR email to pesmith@bluebunny.com

Phone: 712-898-8594

**APPLICATIONS ACCEPTED NOW THROUGH AUGUST 15, 2019**

**Class size is limited so apply NOW**

**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?

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 (including any leadership training you have participated in):       |       |       |       |

## 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** |
|       |       |       |
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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: Recommendation

Please supply the name, title, employer, phone number and email address for a reference who would be willing to recommend you for participation in Leadership Siouxland:

SECTION 8: TUITION AND ATTENDANCE COMMITMENT

Class orientation (required) occurs in September (typically the third Thursday in September from approximately 8:30 – 4:30). Normal monthly sessions are typically held on the first Thursday of the month from about 5:30 p.m. – 9:00 p.m., October through May, although there may be some exceptions to this based on session topics, location and panelist availability. In January, there will be an additional meeting for group participants to present their group project ideas to the Board for approval. This is typically during the afternoon or evening at the Sioux City Chamber.

To graduate from Leadership Siouxland, attendance at all sessions for the full timeframe is expected 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 and expected to be received on or before the Orientation session. The expectation is that the individual will pay $50 (or a minimum of $25) of the tuition and the sponsoring organization will pay the remainder; however this can be different based upon what you and your sponsor agree to. Notification of acceptance will be sent by email or letter. Please contact Peggy Smith, Executive Director, at 712-898-8594 or the Leadership Siouxland Treasurer if you need to make other payment arrangements. 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.

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.*

A limited number of scholarships are available. To apply for a scholarship, please complete SECTION 9 below. Those awarded a scholarship will be notified before the Orientation date. For additional information concerning scholarships, contact the Leadership Siouxland Executive Director, Peggy Smith, at 712‑898-8594, email Info@LeadershipSiouxland.org or visit our website.

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.*

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