

LEADERSHIP MARSHFIELD



Please type your application or print in black ink. Do not include a resume; all information to be submitted should appear on the application blank. All responses are kept in strict confidence. For more information, call the Leadership Coordinator (Debbie Bauer) at 384-3454.

Full Name (Mr/Mrs/Ms)

Name preferred for name tag

Home address (include city & zip)

Phone

Business/Organization Name

Phone

Business/Organization Address (include city & zip)

Title

Email address correspondence should be sent to _____

Where do you prefer to have information sent? _____ Work _____ Home

How long have you lived/worked in the Marshfield area? _____

Are you applying as a representative of a business/industry? _____, as an individual? _____
or as a representative of a club/organization? _____.

Name of business/industry or organization

1) Describe how you contribute to the success of your business or organization.

2) Summarize your educational background and other training programs in which you have participated.

3) List, in order of importance to you, up to **three** organizations in which you have been or are currently active and any leadership responsibilities/positions held.

Organization	From/To	Leadership Responsibility
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4) Describe a significant professional or civic leadership challenge you have undertaken.

5) Why are you interested in participating in LEADERSHIP MARSHFIELD?

6) Identify two issues you feel are critical to the Marshfield area and discuss one of them.

7) Who may we thank for referring you to the program?

8) Tuition for LEADERSHIP MARSHFIELD is \$695 per participant. Up to 50% scholarship funding may be applied for. A letter detailing the need for a scholarship must be attached to the application.

____ Payment enclosed for full tuition

____ Scholarship desired

____ I elect to use the 2-year payment option. Half of the tuition due by September 30 with the final payment due January 31.

COMMITMENT

PERSONAL

9) Leadership Marshfield requires total participation – a 2-day retreat in September and one full day each month from September through April. If selected can you devote the required time to the program?

____ Yes

____ No

10) Special Needs

_____ Dietary

_____ Accessibility

ORGANIZATION/BUSINESS

11) Nominees for LEADERSHIP MARSHFIELD must have the commitment and financial support of their sponsoring business or organization. The signature of the head of the sponsoring organization is necessary as an indication of support for the nominee's participation in the program and commitment if the sponsoring organization is paying tuition.

Signature of Sponsor

Title

Signature of Applicant

Title

Deadline: Application must be received at the Marshfield Area Chamber of Commerce & Industry, PO Box 868, 700 South Central Avenue, Marshfield, WI 54449, or email to info@marshfieldchamber.com by August 15.

Class size is limited to 26.

