

Home Address (Street, city, state, zip) (Please indicate your primary phone number) Cell Phone Primary Email The following is optional to ensure diversity in the class: Pronouns/Preferred Gender Racial and/or Ethnic Background Age EMPLOYMENT Present Employer Employer's Full Address Your Title/Responsibility Your Office Phone Which category best describes the area in which you presently work/serve? If you chose Other, please explain: Employer	Full Name	Preferred First Name for Nametag		
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	<u>EDUCATION</u>			
School City/State Degree/Major Year Comple		_		
	School City/S	tate Degree	/Major	Year Complete

COMMUNITY SERVICE			
Organizations, Activities & Community Invo	olvement		
Organization	Title/Responsibility	Start	End
What do you consider to be your most imple below if this question does not apply to you	•	d why? (Please en	ter "N/A"
If you have previously not had time or inte enable you to seek community involvemen	•	_	=
PROGRAM INTEREST Please state briefly why you wish to partic	ipate in the Leadership Jefferson Coun	ty program?	-
How will you impact the community with v	what you learn from the Leadership Je	fferson County pr	ogram?
RECOMMENDATIONS			
List two individuals who are knowledgeabl	e about your leadership performance	and/or potential.	
		•	
NameBusiness/Organization		Phone	
Name		Phone	
Business/Organization	Email_		

COMMITMENT

By signing my name below, I acknowledge that I understand the purpose of the Leadership Jefferson County program, its attendance requirements, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, by signing below, I UNDERSTAND THAT I AM EXPECTED TO ATTEND ALL 11 SESSIONS IN THEIR ENTIRETY. I further understand if I have more than two (2) absences for any reason, I will be unable to graduate from the program. If accepted to participate in the Leadership Jefferson County program, I agree that the information contained on this application may be used for Leadership Jefferson County promotions, activities, and projects, as deemed appropriate by the Leadership Jefferson County Steering Committee.

Applicant signature	Date
Employer Commitment	
This candidate has my full support to participate in Leadership Jef acknowledge that I am aware of the time commitment and attend participation in the program.	

TUITION

Name

If selected, payment will be made by each participant or sponsor.

Payment of \$250.00 is due by December 31, 2024. Please make checks payable to: CFMJC/Leadership. Partial tuition assistance is available. Would you / your employer like to request assistance? If you would like assistance with tuition, contact Bill Barnes at 812-274-0241.

Title

Completed applications must be received by October 31, 2024.

Email applications to: kelleyh@cfmjc.org

Mail or drop off applications to: Community Foundation of Madison & Jefferson County

416 West Street, Suite B

P.O. Box 306

Madison, IN 47250

2025 PROGRAM DATES – All sessions will be held from 8am-1pm with lunch provided. Session locations will vary. (*session time is 8am-4pm)

From the list below, please state the dates on which you currently have a known conflict:

January 7* - Introduction & Orientation

April 1

April 15

February 4

April 29

February 18

May 13

March 4

May 27 - Graduation Luncheon

March 25