

ruii Name	Preferred First Name for Nam	netag	
Home Address (Street, city, state	, zip)		
(Please indicate your primary pho	one number) Primary Email		
The following is <u>optional</u> to ensur	re diversity in the class:		
Pronouns/Preferred Gender	Racial and/or Ethnic Backgrour	nd	Age
EMPLOYMENT Present Employer			
Your Office Phone			
If you also on Other places symbols			
Employment History: List prior en	n: mployment in reverse chronological order. Title/Responsibility	Start	End
Employment History: List prior en Employer	mployment in reverse chronological order.		
Employment History: List prior en Employer EDUCATION	mployment in reverse chronological order. Title/Responsibility nd/or specialized training		
Employment History: List prior en Employer EDUCATION List Schools, advanced degrees, a	mployment in reverse chronological order. Title/Responsibility nd/or specialized training	Start	End

COMMUNITY SERVICE			
Organizations, Activities & Community In Organization	volvement Title/Responsibility	Start	End
What do you consider to be your most in below if this question does not apply to y		why? (Please en	ter "N/A"
If you have previously not had time or intended enable you to seek community involvements			
PROGRAM INTEREST Please state briefly why you wish to parti	icipate in the Leadership Jefferson Count	y program?	
How will you impact the community with	n what you learn from the Leadership Jef	ferson County pr	ogram?
RECOMMENDATIONS			
List two individuals who are knowledgeal	ble about your leadership performance a	and/or potential.	
Name		_Phone	
Business/Organization	Email		
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		
,	ort to participate in Leadership Jeffer the time commitment and attendanc	son County. By signing my name below, I ce requirement involved in his/her
Name	Title	Date

TUITION

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

Payment of \$250.00 is due by December 31, 2025. 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.

Completed applications must be received by October 31, 2025.

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

2026 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 13* - Introduction & Orientation March 31 April 14 January 20 February 3 April 28 February 17 May 12 March 3 May 19 - Graduation Luncheon

March 17