



Application for Leadership Program

Name _____
Last First Middle

Title/Profession _____

Business Name _____

Business Address _____
Street City State ZIP

Business Phone _____ FAX _____ E-mail _____

Home Address _____

Home Phone _____ FAX _____ E-mail _____

Address to which mail should be sent (Check One) Business () Home ()

What do you hope to gain from the Leadership LaPorte County Experience?

Why do you think you should be selected to participate in Leadership LaPorte County?

ORGANIZATIONS/ACTIVITIES/ACHIEVEMENTS

Please list the community, civic, professional, religious, social, athletic and other organizations which you are or have been active.

Organization	Activities	Leadership roles
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMITMENT

To graduate from Leadership LaPorte County, a participant is expected to attend all sessions.

Three excused absences are allowed.

- A two day opening retreat in September is mandatory.
- One full day per month, October through May, which will run approximately 8:00 a.m. to 4:00 p.m.

I understand and accept the goals, commitments and attendance requirements of the Leadership LaPorte County Program.

Signature of Applicant _____ Date _____

- Tuition for each participant is \$900 inclusive. Payment plans are available.
- Partial payment is due upon acceptance to the program.
- Tuition is non-refundable, after August 30, 2018.

Please mail, fax, or email this completed form to: Leadership LaPorte County, Inc
809 Washington St. Ste. B
LaPorte, IN 46350
Phone: 219-325-8223 Fax 219-379-5657
E-mail: info@leadershiplaportecounty.com

Name and contact information of your direct supervisor _____

How did you find out about our Leadership Class? _____

Do you have colleagues you would recommend this class to? _____ If so, please supply us with their contact information.