



2027 Application

DEADLINE: October 31, 2026

PARTICIPANT TYPE Employer Sponsored Individual

CONTACT INFORMATION

Full Name _____
Preferred Name for Name Badge *(if different)* _____
Date of Birth _____ Age _____
Complete Home Address _____

Mobile Phone _____ Personal E-mail _____
Emergency Contact and Information _____
Personal Facebook, Twitter, LinkedIn, Instagram _____
How long have you lived in Shreveport/Bossier? _____

Email the following to
tracy@shreveportchamber.org
☐ **Completed Application**
☐ **Applicant Headshot**, jpg high
resolution format preferred
☐ **Current Resume**
☐ **(2) Letters of Recommendation**
Questions, call 318.677.2547

If Applicable:

Spouse's Name & Organization _____
Children's Names & Ages _____
Do you have any food allergies or diet restrictions? _____

EMPLOYMENT SECTION

Organization _____ Position/Title _____
Address _____
Office Phone _____ E-mail _____
Supervisor Information _____

HIGHER EDUCATION *(begin with highest level completed)* -- University, Years Attended, Degree *(include major/minor)*

CIVIC/COMMUNITY ACTIVITIES List top two in order of importance to you: any civic, community, political, professional, religious, athletic or other activities with which you are currently or have recently been involved. Indicate major roles in the organization.

Organization _____	Organization _____
Position/Assignment _____	Position/Assignment _____
Responsibilities _____	Responsibilities _____

COMMUNITY INTERESTS *(please select all that apply)*

Arts/Culture	Economy/Business	Education	Energy/Water	Environment/Climate Change
Government	Healthcare	Housing	International Affairs	Land Use
Social Services	Transportation	Workforce Development	Other _____	

RECOGNITIONS *(please list two in order of importance to you)* -- Award/Honor, date received

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THREE TO FOUR SENTENCES

Describe how you demonstrated leadership in one of your Civic/Community Activities?

What do you consider your greatest career achievement to date?

What do you consider your most important contribution to the community?

In your opinion, what are the most pressing problems facing the Shreveport/Bossier area today?

What would you propose in order to address one of these problems?

How did you become aware of the Greater Shreveport Leadership Program?

How do you hope to benefit from being a participant?

What will you contribute to the Program as one of its participants?

DEMOGRAPHICS For statistical purposes only; has no bearing on candidacy for admission

GENDER Female Male

ETHNICITY African American American Indian Anglo Asian American Hispanic/Latino
Other (please specify): _____ U.S. Citizen? (please circle one) **YES** **No**

MARITAL STATUS Single Married Divorced/Widowed

RECOMMENDED BY

Name _____ Organization _____
Position _____ Phone _____

PLEASE NOTE THE FOLLOWING:

TIME COMMITMENT In order to accomplish the Greater Shreveport Leadership Program's objectives, the full participation of each individual is essential. The Greater Shreveport Leadership Program commences in February with an orientation reception and **mandatory** two-day Opening Retreat and ends in November with a graduation ceremony. Participants meet once each month for (7) one-day sessions, along with a **mandatory** visit to the Legislature in Baton Rouge. Participants are also required to work with their class on a Community Service Project (additional time commitments will be required in order to fulfill the Community Service Project, and will depend on the scope of the project developed by the team).

By signing below, you indicate that you are fully aware of the time commitment that will be required as a participant, that the attendance at the opening retreat as well as the Baton Rouge session are **mandatory** and that if you miss more than **two** of the remaining sessions for whatever reason, you will be automatically dropped from the program with no portion of the tuition refunded. **Tuition and Sponsorships are non-refundable and non-transferable.**

TUITION

If accepted into the Greater Shreveport Leadership Program, you and/or your employer will be invoiced for a tuition fee; \$1,800 for member organizations and \$2,300 for non-members. A \$50 application fee will also be assessed and is due upon submission of this application. Tuition fees are due February 5, 2027.

By signing below, you indicate that you understand and agree to adhere to the required financial commitment for the Greater Shreveport Leadership Program.

Will your employer be responsible for your tuition?	Yes	No
Will a sponsor be responsible for your tuition?	Yes	No
Do you need to be considered for scholarship for the program?	Yes	No
If yes, please explain: _____		

If sponsored, both signatures are required. If you alone, are responsible for your tuition, only you are required to sign.

By signing below, you acknowledge that the applicant's/your tuition will be paid by **February 5th, 2027** and that the signed parties below are responsible for payment to the Greater Shreveport Chamber of Commerce.

Applicant's Signature:	Date:
Employer's Name (please type/print):	Employer's Title:
Sponsor/Company Name:	
Sponsor/Employer's Signature:	Date:

EMPLOYER CONSENT

Participants of the Greater Shreveport Leadership Program must have the support of their employer. **The employer must sign this form to indicate their support.**

This application has the approval of this organization and the applicant has our full support, which includes the time necessary to fulfill the program requirements and the financial commitment listed above.

Employer's Name (please type/print):	Employer's Title:
Sponsor/Company Name:	
Sponsor/Employer's Signature:	Date:

APPLICANT ACKNOWLEDGMENT OF COMMITMENTS

Please read the following, initialing to signify understanding and compliance, and sign below.

____ *Full participation at the two-day Opening Retreat is mandatory, no exceptions. **Retreat Date: February 9-10, 2027***

____ *Full participation at the one-day, Legislative session is mandatory, no exceptions. **Date: May 4, 2027***

____ *Class members must participate in all of the scheduled Sessions held from March to October. **No class member may miss more than two sessions.***

____ *Class members must be involved and engaged with their selected team Community Service Project. Additional time commitments will be required in order to fulfill the Community Service Project and will depend on the scope of the project developed by the team.*

____ *Tuition/Sponsorship is non-refundable and non-transferable and must be paid by **Friday, February 5th, 2027** The signed parties above, are responsible for payment to the Greater Shreveport Chamber of Commerce.*

I understand the goals and commitment of the Greater Shreveport Leadership Program year and the attendance requirements. If selected, I will fulfill all obligations outlined in this application and will see to payment of my tuition upon acceptance. I acknowledge that I have completed the application and that all the information contained herein is true and correct. I hereby give the Greater Shreveport Chamber of Commerce the right to make inquiries regarding the information provided on this application form.

Applicant's Signature:	Date:
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Participants DL#: _____ State Issued: _____