

CONFIDENTIAL APPLICATION FOR SELECTION

Instructions: Type or print in black ink. It is important that each section is fully completed. Limit answers to space available. Application must be signed by both applicant and employer/sponsor. A complete application includes original and two copies of the application, two letters of recommendation, an essay (see details outlined below) and a recent 3"x5" b/w or full-color photograph suitable for use in publications and for publicity. Print or electronic file of photograph is acceptable; jpg high resolution format preferred. Please note: photograph will not be returned. Application is due by October 15. An incomplete application will not be considered. No applications will be accepted after October 15.

Essay: Choose from one of the following questions and write a one-page essay and submit with your application for the Greater Shreveport Leadership Program.

In your opinion, what are three (3) greatest challenges facing the Shreveport area?

If you could change one (1) thing about your neighborhood or community, what would it be and why?

What would you like to do for the Shreveport community during the next 5-10 years?

Interview: Before final selections are made, selection committee members may conduct individual, personal interviews with all qualified applicants.

PERSONAL DATA

Full Name: _____

Preferred Name for Name Badge: _____

Date of Birth: _____

Age: _____

Gender: _____

Race/Ethnic Background: _____

Home Address: _____

Business Address: _____

E-mail Address: _____

Hm. Phone: _____ Bus. Phone: _____

Fax Phone: _____ Mobile/Pager: _____

If Applicable:

Spouse's Name and Organization: _____

Children's Name and Ages: _____

How long have you lived in the Shreveport-Bossier Area? _____

Hobbies: _____

Do you have any food allergies? _____

How did you learn about this program? _____

Why are you interested in participating in this program? _____

What skills, interests and abilities would you bring to the program? _____

What do you hope to gain and how do you expect to utilize your experience in the program? _____

Have you previously applied for participation in the Greater Shreveport Leadership Program? If yes, when? _____

EMPLOYMENT

Present Employer: _____ Service Date: _____

Type of Organization: _____ Job Title: _____

Briefly describe your responsibilities in your employment:

Please indicate how your present position relates to the Shreveport-Bossier area.

What do you consider your most significant contribution or achievement related to your position so far?

Please check the category which best describes the area in which you presently work/serve (check only one):

- | | | | |
|---|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Community/Non-Profit | <input type="checkbox"/> Law | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Service |
| <input type="checkbox"/> Government | <input type="checkbox"/> Business | <input type="checkbox"/> Education | <input type="checkbox"/> Media |
| | <input type="checkbox"/> Religion | <input type="checkbox"/> Healthcare | |

How many days per month are you required to be out of the city for work-related reasons?

Employment History (reverse chronological order):

Employer: _____

Job Title: _____ Period of Service: _____

Employer: _____

Job Title: _____ Period of Service: _____

Business/Professional Affiliations (If Any): (Do not include civic organizations, public or political activities)

Name of Group: _____

Positions Held or Assignments: _____

Period of Affiliation: _____

COMMUNITY INVOLVEMENT

Please list in order of importance to you: community, civic, religious, political, government, social, athletic or other activities with which you are involved or have been a member. Indicate major roles in the organization.

Organization: _____

Assignment/Position: _____

Describe Responsibilities: _____

Organization: _____

Assignment/Position: _____

Describe Responsibilities: _____

EDUCATION

(Begin with high school, college(s), advanced degrees and/or specialized training.)

Name/Location of School: _____

Degree/Certificate: _____

Area of Interest: _____

Activities, offices and recognitions for special contributions: _____

Name/Location of School: _____

Degree/Certificate: _____

Area of Interest: _____

Activities, offices and recognitions for special contributions: _____

CONTRIBUTION TO LEADERSHIP

What specific skills/knowledge do you hope to gain from your participation in the Greater Shreveport Leadership Program?

What specific skills/knowledge do you hope to contribute to the Greater Shreveport Leadership Program?

REFERENCES

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

TUITION

If accepted into the Greater Shreveport Leadership Program, each participant, financial sponsor and/or employer will be billed for the tuition fee of \$1,500 which covers all program cost, transportation during sessions and meals. Tuition is due in full within 30 days of acceptance in the program. Payment can be made by company or personal check or by credit card. We accept AX, VS, MC and Discover.

Will you pay the tuition fee? Yes No

Will your employer/sponsor pay the tuition fee: Yes No

If not, who will be responsible for payment? _____

Do you need to be considered for scholarship for the program? Yes No

If yes, please explain: _____

COMMITMENT

If selected as a participant in the Greater Shreveport Leadership Program, I agree to attend all of the functions sponsored by the program which includes a mandatory two-day retreat, seven one-day sessions, a mandatory two-day session in Baton Rouge, and a graduation celebration. I understand that attendance at the opening retreat as well as the Baton Rouge session are mandatory and that if I miss more than two of the remaining sessions for whatever reason, I will be automatically dropped from the program with no portion of my tuition refunded. I understand that if I fail to meet any part of the obligation of participating, I will be asked to withdraw from the program, with no tuition refund.

I here by certify that the information proposed is completed and correct. I hereby give the Greater Shreveport Chamber of Commerce permission to share this information for purpose of public relations and reports. I understand the above commitment and agree to be bound by it in signing this application.

Applicant's Signature _____

Date _____

SPONSOR COMMITMENT

(Applicable if employer or a sponsoring organization is financing applicant's participation in the program.)

This application has the approval of the undersigned organization and the applicant has our full support and commitment which includes the time required to participate in the program.

Signature/Title _____

Date _____

Please mail applications to:

**Attention: Greater Shreveport Leadership Program
Greater Shreveport Chamber of Commerce
400 Edwards Street
Shreveport, LA 71101
Deadline: October 15**

For more information, please contact Member Services at 318.677.2547.

Complete Application Checklist:

- Completed application - original and two copies
- Two letters of recommendation
- One-page essay
- One 3" x 5" b/w or full color photo; jpg high res electronic file acceptable

Greater Shreveport Leadership Program
A program of the Greater Shreveport Chamber of Commerce

