

LEADERSHIP LINCOLN

PREPARE. MOTIVATE. ENGAGE.

APPLICATION

All applications will be handled in the strictest confidence. Please be brief in your responses. Finalists will be selected and interviewed based on application material submitted. All interviews will be conducted by a selection committee.

Name _____ Date _____

Employer _____ Title _____

Home Address _____

Work Address _____

Work Phone _____ Alternate Phone _____

E-mail (1) _____ (2) _____

In what areas of community life do you see yourself being active in the next 10 years?

What would you consider your highest responsibility, skill or career achievement so far?

Please describe your current civic activities, including memberships, volunteer activities and any leadership positions already held. (Attach additional pages if necessary).

What are your areas of particular interest for leadership involvement? (e.g., education, human services, government, religion)

What do you hope to gain, and how do you expect to utilize your Leadership Lincoln experience?

SIDE 1 of 2



Number of Years in Placer County _____ Length of Service with Current Employer _____
 Professional References _____ Phone # _____
 1. _____
 2. _____
 3. _____

Tuition: The price for members is: \$395 and non-members \$495. Class participants are expected to pay at least **\$50.00 (payable at the time of submission of this application)** with their employer or sponsoring organization paying the remainder.

Please check for consideration of your application

- I am able to attend at least 7 full-day sessions of the 9 listed below from 7:45am-5:00. (Lunch is served)
- I will attend a minimum of three city, school board, county or Chamber meetings/events.
- I will participate as a team member in a class project as a requirement of the program.
- I will commit no less than 8 hours a month for the class project or as needed.
- I am able to attend the graduation breakfast on **May 28, 2025 from 7:30- 9:00 a.m.**

(Missing any portion of a session counts as a missed session)

Sept 19 Oct 17 Nov 21 Dec 19 Jan 16 Feb 20 Mar 20 Apr 17 May 15

Tuition is non-refundable and must be paid in full prior to the first class.

*By signing below, you agree to the following terms: (1) Participation in the class leadership project is a requirement and must be met in addition to the classroom requirements once monthly. (2) You must not miss more than **2 sessions** to be eligible to graduate from the program and receive your leadership certificate.*

Applicant's Signature _____ **Date** _____

Sponsor's Agreement: Applications for the Leadership Lincoln Program must have the support and commitment of their sponsoring business or organization. The CEO/Executive Director's signature of the sponsoring organization is required as an indication of the support for the nominee's participation in the program. A sponsor's agreement is not necessary for self-employed or retired applicants.

_____ has my full support for the time and personal commitment required to participate effectively in Leadership Lincoln.

Supervisor Signature _____ **Title** _____

Return Application by: August 2, 2024 for consideration
All applicants will be notified of their status by Friday, August 23, 2024
 Leadership Lincoln C/O Lincoln Area Chamber of Commerce
 540 F Street Lincoln, CA 95648 or email admin@lincolnchamber.com

PAYMENT INFORMATION

Checks must be made payable to: Lincoln Area Chamber of Commerce
 Total Amount enclosed _____ (a minimum of \$50 must accompany the application for consideration)
Payment Information Check (payable to LACC) Visa/MasterCard Cash
 CC # _____ Exp. _____ CVC _____
 Address on credit card _____ Zip _____

