



222 MULBERRY STREET
P.O. BOX 431
SCRANTON, PA 18501-0431
570-342-7711 (T) 570-347-6262 (F)
www.leadershiplackawanna.com

Leadership Lackawanna is a program of The Greater Scranton Chamber of Commerce

COMPLETED APPLICATION, PROCESSING FEE AND ALL ADDITIONAL MATERIAL(S) MUST BE RECEIVED BY FRIDAY, APRIL 30, 2010 at 4:30PM

INSTRUCTIONS

- Type or print neatly in black ink.
- The Selection Committee bases its decision on the information provided in the application; therefore complete every section and be as thorough as possible. Try to limit your answers to the space provided. If necessary, continue your responses on plain white paper and attach. The quality and appearance of the materials are taken into consideration.
- The application must be signed by both the candidate and his/her employer/sponsoring organization. Only the candidate's signature is required in the case of a self-proposed nomination/application. If the applicant does not have the support of his/her employer/sponsoring organization to participate in the program, please explain the reason(s) on a separate page.
- Applications must be received at Leadership Lackawanna, 222 Mulberry Street, P.O. Box 431, Scranton, PA 18501-0431, by 4:30 PM, April 30, 2010. Applicants will be notified in early June.
- A non-refundable \$25 processing fee (payable to Leadership Lackawanna) must accompany the application.
- A deposit payment of \$100 is required upon acceptance into the program. The remaining tuition balance must be paid within 30 days from the start of the program UNLESS a written request regarding special payment is submitted to Leadership Lackawanna upon acceptance into the program. Leadership Lackawanna has sole discretion to accept or decline such request. Individuals who discontinue or are dismissed from the program will not receive a refund.
- Your application is not complete unless it is accompanied by the processing fee, your signature and the signature(s) of your employer and/or sponsoring organization.
- The candidate must either live in or work in Lackawanna County.
- Class size is limited.
- Completion of the application does not ensure a candidate's acceptance into the program.
- Questions? Contact Nicole Barber at 570-342-7711 ext. 125 or nbarber@scrantonchamber.com .

LEADERSHIP LACKAWANNA CLASS of 2011 APPLICATION

Application Deadline: FRIDAY, APRIL 30, 2010 at 4:30PM

PERSONAL DATA

Name: _____
First Middle Initial Last

Home Address: _____

Home Phone: _____ Age (optional): 20-24 25-34 35-54 55+

Personal Email: _____

Number of years you have lived in Lackawanna County: _____

Number of years you have worked in Lackawanna County: _____

Have you previously applied for participation in Leadership Lackawanna? Yes No
If yes, when _____

How did you learn about Leadership Lackawanna? (check all that apply)

<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Ebriefs/email	<input type="checkbox"/> Media advertisement
<input type="checkbox"/> LL Alumni	<input type="checkbox"/> Website	<input type="checkbox"/> Plan It!
<input type="checkbox"/> Colleague	<input type="checkbox"/> Direct mailing	<input type="checkbox"/> Brochure/Flyer
<input type="checkbox"/> Chamber/Leadership staff	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other _____

Were you referred to LL by someone? If so, who? _____

EDUCATION

List your educational background, including high school, college(s), advanced degree(s), specialized training programs or professional institutes.

<u>Name and Location of School</u>	<u>Dates</u>	<u>Degree(s)</u>	<u>Major(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

Employer/Organization: _____

Title/Position: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Briefly describe your present responsibilities. _____

List previous employment, including active military duty, in reverse chronological order.

Employer

Title/Responsibility

Period of Service

List your business and/or professional affiliations/organizations.

COMMUNITY INVOLVEMENT

List your community, religious, governmental, social and/or athletic activities.

List any professional or community-service awards/honors. _____

Describe the type(s) of community activities in which you would like to become involved.

COMMUNITY INTEREST

One of the goals of Leadership Lackawanna is to build a corps of community leaders who can utilize its talents and problem-solving abilities through shared perspectives and networking. Indicate what you hope to accomplish through your participation in Leadership Lackawanna.

Indicate a personal goal that you have yet to accomplish.

TUITION / SCHOLARSHIPS

Tuition for the Leadership Lackawanna Program is \$1200.

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Full and partial scholarships are available on a limited basis. If you would like to request tuition assistance, please indicate the amount and explain the reason.

Amount Requested: _____

PARTICIPANT'S COMMITMENT

I understand the purpose of Leadership Lackawanna and if selected, I commit to attend all monthly sessions. As a participant, I fully understand that should I miss more than two sessions, for whatever reason, I may be dismissed from the program with no portion of my tuition refunded. I understand that I will be required to work on a group project in addition to the sessions. I further understand that this is a competitive selection process and due to space limitations, not all applicants can be selected. My signature indicates I understand the above commitments and agree to uphold them to the best of my ability.

Applicant's Signature

Date

SPONSOR'S AGREEMENT

(To be completed unless self-nominated)

A nominee for Leadership Lackawanna must have the support and commitment of his/her employer, as well as his/her sponsoring organization (if different than employer). The signatures of the employer and/or sponsoring organization (where appropriate) are required as an indication that the employer and/or sponsoring organization is/are in complete support of the nominee's participation.

Please indicate the support of the employer and/or sponsoring organization by checking the appropriate box(es). Financial support indicates willingness to pay the applicant's tuition associated with participating in the Leadership Lackawanna Program. Release time support indicates willingness to provide the applicant with time off from work, once a month, to attend all ten, full-day Leadership Lackawanna sessions.

EMPLOYER *(If applicable)*

Financial Support **Release Time Support**

Employer: _____

Address: _____

Phone: _____

Approving Officer Name and Title (PLEASE PRINT): _____

Approving Officer Signature: _____ **Date:** _____

SPONSORING ORGANIZATION *(If applicable)*

Financial Support **Release Time Support**

Organization: _____

Address: _____

Phone: _____

Approving Officer Name and Title (PLEASE PRINT): _____

Approving Officer Signature: _____ **Date:** _____