



2009 – Spring Class

CONFIDENTIAL APPLICATION

Type or print in black ink. Please complete each section fully. Application must be signed by both applicant and employer/sponsor and returned as soon as possible.

SELECTION CRITERIA

A Selection Committee will choose participants based upon the information completed for this application. The committee will seek representation from a cross-section of the community and will:

- ◆ Select a diverse group of individuals who represent different occupations, backgrounds, interests, and talents drawing from the 7 Community Pillars: Business, Clergy, Education, Government, Health Care, Media, and Social Services.
- ◆ Select individuals with a sincere commitment, motivation, and interest in serving their community.
- ◆ Select individuals who have demonstrated involvement by past community activities.
- ◆ Select individuals who will commit to attend all the sessions and participate on an Action Learning Team Project.

A maximum of 25 participants will be selected for each class. **Selected participants will be notified of their acceptance shortly after the deadline for application for that class.** Since the number of selected individuals is limited, applicants who are not selected are encouraged to re-apply for subsequent classes.

Developed and Implemented by
Charleston Area Chamber of Commerce
Mattoon Chamber of Commerce
EIU Business & Technology Institute
in cooperation with Coles Connected

1. Name: (First) _____ (M.I.) _____ (Last) _____
Business or Employer: _____
Work Phone: _____ Home Phone: _____
E-Mail Address: _____ Fax Number: _____
Business Address: _____

Home Address: _____

How long have you lived in Coles County? _____

2. **EMPLOYMENT:**

Title: _____ Date Began: _____
Immediate Supervisor: _____
What are your major responsibilities? _____

What do you consider your highest career achievement or responsibility to this point?

Any previous employment you would like to mention? _____

3. **EDUCATION:**

Schools attended, fields of study, professional institutes or training programs.

Extracurricular activities and special honors received in school.

4. **SPECIAL HONORS OR AWARDS FOR LEADERSHIP YOU HAVE RECEIVED:**

(Attach a separate sheet for additional space.)

5. **COMMUNITY INVOLVEMENT: Include community, civic, religious, political, government, social, athletic, or other activities. Do not include business/professional activities. Indicate major role in the organization at this time.**

Organization	Position/Responsibilities/Accomplishments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. **What areas of your community interest you?**

7. **BUSINESS/PROFESSIONAL AFFILIATIONS: Not including civic organizations, public office, or political activities.**

Organization	Position/Responsibilities/Accomplishments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. **THREE PERSONAL REFERENCES: List 3 individuals who can explain why you should be chosen to participate in this program.**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

9. **COMMITMENT:**

Participants in **LEADERSHIP COLES COUNTY** are expected to commit the necessary time needed to fully participate in the program.

- ◆ **Financial:** Tuition for each participant is \$525, payable before the first session and non-refundable and non-transferable once the program begins. A limited number of partial tuition scholarships are available. *Recipients of a scholarship are required to serve on a chamber committee for a one-year period.* Scholarship application forms are available from either Chamber office.
- ◆ **Attendance:** Attendance at all 5 sessions is expected.
Dates for 2009 Spring Class: February 18, March 4, March 18, April 8, April 29.
- ◆ **Action Learning Team Projects:** Participation on a team project is required. Teams will submit a written report and present their findings and recommendations at the final session.
- ◆ **Professional Development:** Participants can earn 4 CEU's *or* 8 CPDU's from Eastern Illinois University *or* 1½ class credits from Lake Land College.

I understand the purpose and commitments of the **LEADERSHIP COLES COUNTY** program; and if I become a participant, I will devote the required time and arrange for payment of my tuition.

Applicant's Signature

Date

I fully support the applicant's participation in the **LEADERSHIP COLES COUNTY** program and will allow sufficient time off for the applicant to attend the 5 full day sessions.

Supervisor's Signature

Date

Supervisor's Name (Please print)

Title

10. **DEADLINE FOR APPLICATION: Friday, January 30, 2009.**

Selected participants will be notified of their acceptance shortly after the deadline for application.

Your signed application should be mailed to one of the following:

LEADERSHIP COLES COUNTY
Charleston Area Chamber of Commerce
P.O. Box 77
Charleston, IL 61920
Or Fax to: 217-345-7042

LEADERSHIP COLES COUNTY
Mattoon Chamber of Commerce
500 Broadway Avenue
Mattoon, IL 61938
Or Fax to: 217-234-6544

Or download the form at: www.charlestonchamber.com
www.mattoonchamber.com
www.eiu.edu/~cei