

KLA Class Application

Personal Data

Legal Name

Preferred Name for Name Tag

First Name

Last Name

Home Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Home Phone Number

Number Of Years Living and/or Working in Kosciusko County

Area Code

Phone Number

Personal Email Address

Employment

Present Employer

Date of Hire

Business Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Business Telephone

Title/Responsibility

Area Code

Phone Number

Name of Supervisor

First Name

Last Name

Business E-mail Address

Employment History

List Previous Employment, Starting With The Most Recent (Include Active Military Duty)

Employer Name

Title/Responsibility

Dates Of Employment

Employer Name

Title/Responsibility

Dates Of Employment

Employer Name

Title/Responsibility

Dates Of Employment

Employer Name

Title/Responsibility

Dates Of Employment

If you more to list, please use this box.

What do you consider your most important career accomplishment to date?

How many days per month does your work require you to be out of town?

Education

Name of School & Location

Dates Attended

Degree/Major

Name of School & Location

Dates Attended

Degree/Major

Name of School & Location

Dates Attended

Degree/Major

Name of School & Location

Dates Attended

Degree/Major

If more to list, please use
this box.

Community Involvement

Please list, in order of importance to you, up to five (5) civic, professional, religious, community, athletic, social or other organizations of which you are a member. Please note any leadership positions held.

Organization

Title/Responsibility

Dates of Membership

Organization

Title/Responsibility

Dates of Membership

Organization

Title/Responsibility

Dates of Membership

Organization

Title/Responsibility

Dates of Membership

Organization

Title/Responsibility

Dates of Membership

What do you consider to be your most important community service responsibility or accomplishment, in or outside Kosciusko County, to date?

Hou much personal time each month do you commit to community, civic and professional activities?

On what kinds of community boards, committees or groups would you like to become active in the future?

If you have previously not had time or interest to become actively involved, what conditions have changed that now enable you to seek community involvement.

General Information

What are your reasons for desiring to participate in the Kosciusko Leadership Academy program?

How do you feel you can contribute to the program?

What do you hope to gain from your participation in the Koscuisko Leadership Academy and how do you expect to utilize your KLA experience?

Recommendations

Personal References. Please list two (2) persons other than your sponsor who are knowledgeable about your leadership performance and potential.

Name

Phone Number

First Name

Last Name

Area Code

Phone Number

Organization

Title

Name

Phone Number

First Name

Last Name

Area Code

Phone Number

Organization

Title

Finances

If selected, payment of tuition will be made by each participant or financial sponsor. Tuition is due and payable by the first day of class.

Name of person tuition bill should be sent to:

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Scholarship Policy: There is only one (1) scholarship available per year. This may be given to one (1) individual or divided between two (2) individuals.

Do you require financial assistance in order to participate in KLA?

Yes

No

If you do not have a corporate sponsor and do not receive the scholarship, are you willing to pay the full cost of tuition yourself?

Yes

No

If no, please explain circumstances:

Commitment

By entering my name below I am agreeing that if selected as a participant, I am willing to attend all the programs, will complete a white paper and complete other assignments required by the program. I understand that if I fail to meet any part of this obligation, I may be asked to either withdraw from the program or make up missed sections the following year.

First Name

Last Name

Please print a copy prior to submitting this application to keep for your records!
