



LEADERSHIP TEMPLE CLASS OF 2020 APPLICATION

CONTACT INFORMATION

Name _____ Date of Application ____/____/____
First Middle Last

Age _____ Date of Birth ____/____/____ Place of Birth _____

Home Address _____

City _____ Zip _____ Cell Phone _____

Preferred Email _____

Business/Firm/Organization _____

Business Address _____

City _____ Zip _____ Phone _____

Title or Position _____

Name for Your ID Badge _____

Is it your long-term plan to make this community your home/and or place of business? ___Yes ___No

Please explain.

EDUCATION

Begin with high school, then college(s), business or trade schools and/or other specialized training.

Name and City of School	Date From/To	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List extracurricular activities, special honors or awards for leadership activities, academic performance or other areas, and any professional designations (i.e. CPA, etc.)

EMPLOYMENT

Length of service with present business/firm/organization: _____

Briefly describe your job responsibilities:

Previous Employer(s)	Title	From/To	Reason for Leaving
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What do you consider your highest responsibility, skill or career achievement so far?

ORGANIZATIONS & ACTIVITIES

List organizations of which you have been a member, in order of their value to you, during the past five years.

Business & Professional

Organization	Dates	Position Held/Your Contribution
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Civic, Religious, Social, Athletic and Other

Organization	Dates	Position Held/Your Contribution
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How many hours per month are currently committed to community, civic, professional, and other organizations and activities?

Have you been as active in these activities as you desire? Yes No

If not, what have been the major barriers to your involvement, and what conditions have changed that now enable you to seek involvement in the community?

Are you a registered voter? Yes No

NARRATIVE

Please provide your answers to the following questions on additional sheets of paper and attach to this application.

- (1) What inspired you to apply for *Leadership Temple* and what do you hope to achieve by successfully completing the experience?

- (2) What are three opportunities that you see for the City of Temple? What steps should we take now to make our community a more desirable place to live?

- (3) What other things should the selection committee know about you in order to make an informed decision about your application for *Leadership Temple*?

REFERENCES

Name at least three persons in Temple whom the selection committee could contact for additional information about your leadership skills.

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Did someone encourage you to apply for *Leadership Temple*? ___Yes ___No

Who is that individual?

COMMITMENT

Leadership Temple requires attendance at orientation and monthly class days. Class days are all-day sessions that are typically the second Tuesday of every month over a nine-month period beginning in August.

Please provide a list of scheduled commitments that would necessitate an absence at any of the class days on a separate sheet. Any participant who is absent from as many as two class days, for whatever reasons, shall be dropped from the program.

COMMITMENT PLEDGE

1. I wish to participate in Leadership Temple and fulfill all class requirements including:
 - a. Outside activities.
 - b. An Action Team project.
2. I have my company/firm/organization's support for my participation.
3. I will be able to attend the one-day orientation and the nine all-day sessions.
4. I will submit my check for tuition two weeks prior to the orientation.
5. I understand that the classes involve walking, standing, climbing stairs and other physical activity.
 - a. Do you require any reasonable accommodations? _____Yes _____No.
If yes, please explain (allergies, food, medical or physical)

The information submitted with this application is true and correct to the best of my knowledge. I understand all commitments and agree to be bound by them in signing this application.

Applicant Name (*printed*)

Applicant's Signature

Date

This application has the approval of this company/firm/organization, and the applicant has our full support, which includes the time required for participation.

Employer's Name (*printed*)

Employer's Signature

Company/Organization

Please return the completed application by mail, in person or email by June 14, 2019:

Mail or In-Person:

Whitney Theriot
Leadership Temple | Selection Committee
Temple Chamber of Commerce
201 Santa Fe Way, Ste. 105
Temple, TX 76501

E-mail:

Whitney Theriot
whitney@templetx.org

Leadership Temple tuition is \$575. Tuition is non-refundable.

Payment is due, upon selection, to the Temple Chamber of Commerce.



TUITION ASSISTANCE SCHOLARSHIP APPLICATION LEADERSHIP TEMPLE CLASS OF 2020

Name _____

Phone _____

E-mail _____

Employer/Organization _____

The Leadership Temple Tuition Assistance Scholarship was created to offer small businesses and non-profits an opportunity to participate in *Leadership Temple*. This also helps ensure that the program achieves a balanced class, representative of the entire community.

Eligibility Guidelines:

- Non-profits
 - Small businesses open for less than 5 years
- and/or***
- Small businesses with gross sales under \$500k / annually

Applicants should submit a resume and a 500-word essay detailing the following:

- What do you hope to gain from *Leadership Temple*?
- Why are you interested in participating in *Leadership Temple*?
- How do you plan to use the information gained from *Leadership Temple* to become more involved in the community?

Selection is at the sole discretion of the Leadership Temple Advisory Council based on essay submitted.

Applicant's Signature _____

Date _____