

2007 Community Leadership Academy Application Form

Print this form out, complete and either mail or fax to:

Lake Michigan College
Marjorie A. Zibbel, Associate Dean
Community and Business Services
2755 E. Napier Ave.
Benton Harbor, MI 49022
Fax 269-926-1956

APPLICATIONS MUST BE RECEIVED BY DECEMBER 15, 2006

1. Personal Information

Name _____

Home Address _____

City _____

State _____

Zip Code _____

Home Telephone _____

Social Security number _____

Years in community _____

2. Employment Information

Current Employer_____

Date Hired_____

Title_____

Business Address_____

City_____

State_____

Zip Code_____

Business Telephone_____

Fax_____

E-mail_____

3. List Previous employment in chronological order
(Account for all periods of time including military active duty)

Employer_____

Title/responsibility_____

From/to_____

Discuss your responsibilities and accomplishments

Employer_____

Title/responsibility_____

From/to_____

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Employer_____

Title/responsibility_____

From/to_____

Discuss your responsibilities and accomplishments

4. Civic Organizations and Activities

Please list, in order of importance, up to three community organizations of which you are or have been a member. List the organization name, address, dates of membership, and position held. Also discuss what you have learned from working with these organizations.

Organization Name_____

Dates of Membership_____

Position Held_____

What have you learned from working with this organization?_____

Organization Name_____

Dates of Membership_____

Position Held_____

What have you learned from working with this organization?_____

Organization Name_____

Dates of Membership_____

Position Held_____

What have you learned from working with this organization?_____

5. Education

Please list high school, college(s), business or trade schools, and other specialized training. Include the name of each institution, dates attended, and the Degree/Major earned. Also list any personal accomplishments, special honors, or awards.

Name of Institution _____

Dates _____

Degree/Major _____

Personal Accomplishments, Special Honors, or Awards _____

Name of Institution _____

Dates _____

Degree/Major _____

Personal Accomplishments, Special Honors, or Awards _____

Name of Institution _____

Dates _____

Degree/Major _____

Personal Accomplishments, Special Honors, or Awards _____

6. Community Leadership Academy Participation

(Applicants must complete entire section)

Please explain why you want to participate in the Community Leadership Academy

What you hope to gain from this leadership experience

List three priority issues or opportunities facing our community today:

1. _____
2. _____
3. _____

7. References

Please list the names of three people, other than your sponsor, who are knowledgeable about your leadership potential and performance and who may be contacted regarding your qualifications as a participant.

Name _____

Telephone _____

Business Name _____

Title _____

Name _____

Telephone _____

Business Name _____

Title _____

Name _____

Telephone _____

Business Name _____

Title _____

8. Scholarship

_____ check here if you work for a non-profit organization and would like to apply for a partial scholarship.

9. Statement of Commitment

Participants are required to attend 90 percent of the sessions in order graduate from the Community Leadership Academy. Therefore, the candidate must have the support and commitment of their employer.

I understand the purpose of the Community Leadership Academy and will devote the time to the program.

Candidate's Signature_____

I endorse the candidate's participation and will allow him or her the necessary time to complete the program.

Supervisor's Signature_____

Supervisor's Name (Typed)_____

Title_____

Mailing Address_____

Phone_____

Fax_____

Email Address_____