Applications must be returned no later than June 15
to
LEADERSHIP FLATHEAD
15 Depot Park, Kalispell, MT 59901

** Please Print **

| | | | | |
|---|---|---|---|---|
| Applicant Name | | | | Date of Application |
| Home Address | City | State | Zip Code | Home Phone |
| Business or Association Affiliation | | | | Applicant Job Title |
| Business Mailing Address | City | State | Zip Code | Business Phone |
| Applicant Email | | Cell Phone (optional) | | Business Fax |
| Supervisor's Name | | Supervisor's Title | | |

Send my Leadership Flathead mail to:
_____ My Business Address OR _____ My Home Address

(Note: The chosen address will be published in the annual LF directory and at www.leadershipflathead.com.)

| | |
|---|---|
| Jacket Size (XS, S, M, L, XL, etc.) | Special Dietary Needs (Diabetic, Vegetarian, Allergies, etc.) |

**EDUCATIONAL BACKGROUND.** You may attach a resume.

- Degrees Awarded:
- Field of Study:
- Professional Institutions:
- Training Programs:

**LEADERSHIP ACTIVITIES.** List the major social, business, and professional activities you have participated in during the past five (5) years and the positions of leadership held.

**LEADERSHIP RECOGNITION.** List awards or special recognition you have received and indicate for each activity the nature of your participation, including offices held.

**FLATHEAD VALLEY ISSUES.** List three (3) major opportunities, concerns, or potential problems you see facing the Flathead Valley.

1.

2.

3.

**PROGRAM EXPECTATIONS.** How do you think the Leadership Flathead program can help you fulfill your own aspirations as a leader in the Flathead Valley?

**REFERENCES.** List two (2) individuals who may be contacted to provide knowledge of your qualifications as a Leadership Flathead participant.

| | Reference Name | Present Business or Home Address | Telephone Number |
|---|---|---|---|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

**LEADERSHIP FLATHEAD PROGRAM.** How did you learn about the Leadership Flathead Program?

_____ Chamber of Commerce _____ Employer _____ Media _____ Club or Organization

_____ Mailing _____ Former Participant _____ Other (specify) _____

**TUITION:** Tuition for the Leadership Flathead program is **$850.00** per participant and is payable after acceptance into the program. **Tuition must be received before August 1st and is non-refundable after August 15th.**

Full tuition of $850.00 will be paid by: _____ By my employer _____ By myself

_____ I would like to be considered for a partial scholarship. ***Please state your need for a scholarship.***

**SELECTION CRITERIA:** Candidates will be evaluated based on a number of factors, including character references, interest in serving in a leadership capacity, and current and past involvement in community activities.

**ACCEPTANCE AGREEMENT:** Acceptance into the Leadership Flathead program requires a two (2) year commitment.

***First Year:*** To graduate from the program, participants must:

1. Attend the Orientation session the Wednesday prior to the Retreat.
2. Attend all of the day and a half Retreat including an overnight stay.
3. Attend all eight (8) monthly sessions scheduled the second Friday of the months October through May**.
4. Attend the final session, "Effecting Change", and the evening Graduation in June.
   ** Up to two (2) absences from the monthly sessions may be granted with PRIOR approval from the Leadership Flathead Program Manager.

***Second Year:*** To complete their second year commitment, participants must:

1. Assist with preparation and presentation of the Leadership Flathead program for the next year's class, involving planning, organizing, conducting, and fundraising for at least two (2) monthly sessions and committing to be involved in a community activity of your choosing.
2. Volunteer with local organizations in a leadership role.

***If selected, I commit to fulfilling the first and second year requirements, as stated above.***

_____ _____
Applicant Signature Date

***As an employer, I am aware of my employee's commitment to the Leadership Flathead program and will encourage and support my employee's active participation.***

_____ _____
Employer Signature Date

Program Use Only
App Rec'd _____ D-Base _____