



APPLICATION FORM

The LEADERSHIP Shawano County Application is the primary tool used in participant selection.

- Limit answers to available space. Do not include a resume.
• Applications should be typed or printed in black ink.
• Applications must be signed by candidate and by candidate's employer.
• Applications must be received at Leadership Shawano County, P.O. Box 38, Shawano WI 54166, By: July 11, 2016 to be considered.
• Interviews will be scheduled the week of July 28, 2016
• All responses will be kept in confidence.
• If you have any questions, please contact Wendy Crawford, Program Coordinator at 715-524-2914 or email to wendyc1@charter.net

Criteria

LEADERSHIP Shawano County selects applicants:

- Who have demonstrated a sincere commitment, motivation, and interest in their community.
• Who have the ability to set and attain goals as demonstrated by significant career, personal, and/or civic achievement.
• Who have the availability of time to participate in the Leadership program with the full support of the corporation or organization he/she represents. (Commit at least one day per month plus the time needed for class preparation and the time needed to complete class project.)
• Who represent a cross section of participants from business, the professions, agriculture, education, organized labor, government, arts, clergy, service and community organizations, and ethnic/minority groups by gender, age and community experience.

Personal Data

Name Last First Middle Known As

Birth Date Male Female Years in Shawano County Area

Home Address Street City Zip Phone

Employment

Present Employer (if any) How long with firm

Address Street City State Zip Code

Present Title or Responsibility Since

Phone ( ) Fax ( ) Email

Where do you prefer to receive mail for this class? Home Address Work Address

Do you anticipate an out-of-area transfer within the next year? Yes No

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

**Present Community Involvement**

How much time each month do you commit to community, civic, professional or other organizations and activities?

\_\_\_\_ 1-2 Hours    \_\_\_\_ 3-4 Hours    \_\_\_\_ 5-6 Hours    \_\_\_\_ 7-8 Hours    \_\_\_\_ 9-10 Hours    \_\_\_\_ Over ten Hours

Please list organizations or activities you have been involved with here or in other communities. If you are not currently involved in community activities, list your areas of community interest.

What accomplishments are you most proud of from your participation in any one of the previously named organizations and activities?

Please check the areas of volunteer and community service you wish to become more involved:

- |  |   |
|--|---|
| <input type="checkbox"/> Arts                                | <input type="checkbox"/> Environmental issues                       |
| <input type="checkbox"/> Children, youth and families        | <input type="checkbox"/> Facilitation, planning and problem solving |
| <input type="checkbox"/> Communications and public relations | <input type="checkbox"/> Fund raising and grant writing             |
| <input type="checkbox"/> Community development               | <input type="checkbox"/> Government, public and legislative affairs |
| <input type="checkbox"/> Diversity and minority group issues | <input type="checkbox"/> Health and health care issues              |
| <input type="checkbox"/> Economic development                | <input type="checkbox"/> Recreation and events                      |
| <input type="checkbox"/> Education and training              | <input type="checkbox"/> Other. Specify _____                       |

**It is an expectation that upon completion of this program you will use the skills learned, knowledge gained and connections made to improve the quality of life in Shawano County. Special terms can be arranged to pay by January 2017 if this fits better into a fiscal budget.**

**Tuition**

If accepted into the **LEADERSHIP Shawano County** program, you or your employer/sponsor will be billed for the tuition of \$650, which covers all program costs, including meals and materials.

Tuition fees will be paid by: Applicant's Portion.....\$ \_\_\_\_\_  
Employer/Sponsor Portion.....\$ \_\_\_\_\_  
Total.....\$ 650.00

Scholarships for a portion of the tuition may be available as funds permit.

Will you need assistance in the form of a scholarship? \_\_\_Yes \_\_\_No

**Commitment**

To graduate from **LEADERSHIP Shawano County, A PARTICIPANT IS EXPECTED TO ATTEND ALL SESSIONS IN THEIR ENTIRETY INCLUDING THE ORIENTATION, ALL FULL-DAY SESSIONS, AND GRADUATION.**

Sessions are currently scheduled for these dates:

**Class Orientation and Welcome Dinner:** August 25, 2016 (5:30 PM – 8:00 PM)

**Collaborative Leadership Styles:** September 8, 2016

**Community Planning & Natural Resources:** October 13, 2016

**Local and Tribal Government:** November 10, 2016

**Community & Economic Development:** December 8, 2016

**Diversity:** January 12, 2017

**Education, Youth and Lifelong Learning:** February 9, 2017

**State Government:** March 9, 2017

**Health Care & Wellness:** April 13, 2017

**Citizen Participation:** May 11, 2017

**Graduation:** May 11, 2017 (5:30 PM – 8:00 PM)

**MONTHLY SESSIONS ARE HELD THE 2<sup>ND</sup> THURSDAY OF THE MONTH, 8:00 AM TO 5:00 PM.**

**Applicant's Personal Statement:**

*On a separate sheet of paper*, please answer the following questions. Your responses should be typed and double spaced, or printed.

1. Name someone significant to you who has inspired you as a leader. What about this person do you most admire?
2. Why do you want to be a participant in this program? Do you have any personal leadership goals?
3. What do you believe are two or three significant issues/challenges facing Shawano County communities?

I understand the purposes and expectations for the Leadership Shawano County program and if I am selected, I will devote the time and resources necessary to complete the program. Even though emergencies do arise, I understand any participant missing the orientation, graduation or more than two sessions, may be asked to withdraw from the program and no portion of the tuition shall be refunded.

I understand the above commitment and agree to be bound by them in signing this application.

---

Applicant Signature

Date

**Employer commitment** (if applicable)

This applicant has our full support which includes the time required to participate in the program.

---

Firm

---

Signature

Title

**Mail this completed application and by July 11, 2016 to:**  
**LEADERSHIP Shawano County**  
PO Box 38, Shawano, WI 54166 or email to wendyc1@charter.net