

${\bf 2024 Application} \ ({\bf Confidential})$

Personal Data

First Name	Last Name	Middle Name
Home Address	City	Zip Code
Home Phone	Work Phone	Cell Phone
Email Address		
Educational Background		

The following information will be used to ensure broad representation from throughout the community.

Completion of this section of the application is optional.

Date of Birth Ethnic Group Sex

Employment Data

Employer Name Position/Title

Employer Address City Zip Code

Employer Phone Supervisor's Name

GeneralInformation

Please list community, civic, public offices, religious, so involved.	cial, or political organizations in which you are
Please explain what specific skills/knowledge you hope	to gain from your participation in the LC Program.
Please describe any future leadership goals that you ma	y have.
ProgramRequirements	
Attendance Policy Full attendance is expected for the full-length of all sessemergencies arise and there is an emergency exception attendance is required for graduation.	•
Tuition If accepted into the Leadership Columbus Program, you or y Chamber members or \$750 for non-members. This fee cove graduation. No refunds will be provided for participants who curriculum.	ers costs for the retreat, classroom sessions, lunches, and
Applicant's Commitment If selected as a participant in Leadership Columbus, I will consponsored by the program. I understand that attendance is recommitments and agree to be bound by them in the signing	equired and tuition is non-refundable. I accept the above
Applicant's Signature	Date
Employer's Commitment This application has the approval of this organization and the required to participate in the 2025 Leadership Columbus Property of the Columbus Pro	••
Employer's Signature	Date

Applications are due by December 12, 2024 If mailing, please send to Columbus Chamber, 601 South Madison St., Whiteville, NC $\,$ 28472