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***\*Attendance is expected at all of the sessions listed above. See Attendance Policy on Page 2.***

**Program Information:**

* All applicants will be notified of status by July 15th, 2019**.**
* Leadership Sarasota County is committed to having a diverse and dynamic membership.
* Tuition assistance is available for a few qualified applicants.
* Applicants must have the full support of the company or organization by which they are employed.

**Instructions/Selection:**

* Applications must be submitted on an official application form. Secure a paper form in person at The Greater Sarasota Chamber of Commerce, online (www.sarasotachamber.com), by e-mail [srachon@sarasotachamber.com] or call Leadership Sarasota County at 941-556-4039.
* Limit answers to the space provided.
* **ONE** letter of recommendation emailed directly to srachon@sarasotachamber.com from author.
* No other attachments will be considered.
* Applications must be fully completed (including receipt of letter of recommendation) and signed by the applicant.
* All applications are subject to a confidential evaluation.
* Interviews will be conducted with all applicants.
* Selected applicants will receive an acceptance letter, after which tuition payment must be made by the appointed date stated in the letter.

**Selection Criteria:**

The Leadership Sarasota County class shall be selected on the following criteria:

* Individual qualifications and not that of their employer.
* Representation from the greatest breadth of diversity in all socio-economic areas.
* Demonstrated ability to set and achieve personal and professional goals.
* Demonstrated personal commitment to the Sarasota County community and society in general.
* A commitment to the time required by the program.
* A commitment to be a responsible and engaged participant.
* A commitment to participate in producing a “day” for the successive class.
* Announced candidates for public office may not “campaign” and/or use class time to promote their candidacy in any way.

**Attendance Policy:**

Attendance at all sessions is expected. Attendance at the Orientation and the entire Opening Retreat is MANDATORY to continue the Program. Those who are absent from more than two (2) of the remaining sessions listed on the Program Schedule on page 1 will NOT graduate from the program and will NOT receive a tuition refund. Participation in the Class Project is an additional requirement (schedule varies).

**Submission of an application does not guarantee placement.**

**Candidate Information:**

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Name (last, first, middle) Informal Name Gender

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home telephone # Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employer Employment address (\_\_) Check if this is where you want notices sent

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Job Title How many years have you lived in Sarasota?

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Work Telephone Number Email Address

 (Please use the email address you want notices sent to).

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Place of birth

Have you ever applied to Leadership Sarasota County before? \_\_\_ Yes \_\_\_ No

How (or from whom) did you learn about Leadership Sarasota County?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shirt Size: \_\_\_\_\_\_\_\_**

**Recommendations:**

Please list two people, other than your employer, who are knowledgeable about your leadership performance and potential. Your required (**one**) letter of recommendation may come from one of the individuals listed below. The recommendation needs to come directly to Sara Rachon and not supplied by the Applicant.

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Name Business Affiliation Email Telephone

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Name Business Affiliation Email Telephone

**Commitment:**

Tuition for each Chamber member is $1,275. (Non-Chamber member $1525). Once an applicant is selected, payment is due upon the candidate’s affirmation of acceptance.

Limited tuition assistance is available. Do you need tuition assistance in order to participate in the program?

 \_\_Yes \_\_ No

If “yes”, complete and return the attached Tuition Assistance Application.

To graduate from the Leadership Sarasota program, participants are expected to attend all sessions (please refer specifically to the Leadership Program Schedule on Page 1) and conduct themselves in a professional manner. Participation in the Class Project is also required.Attendance at the Orientation and the entire Opening Retreat is MANDATORY to continue in the Program.  Those who are absent from more than two (2) of the remaining sessions listed on the Program Schedule on Page 1 will NOT graduate from the Program and will NOT receive a tuition refund. Please initial to indicate that you understand these conditions: \_\_\_\_\_\_

**Employment:**

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Present Employer Type of Business or Organization Date Hired

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What is your current responsibility with the organization?

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List of previous employment (5) years in reverse chronological order:

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Education: Begin with highest attained degree.

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School Location Degree Attained

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School Location Degree Attained

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School Location Degree Attained

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List special awards and/or honors:

**General Information:**

As a member of the Leadership Sarasota County program, you would be required to participate in the Class Project. The concept of the Class Project is to identify and address (in a tangible, long-term & meaningful way) a need in our community. The project will be identified and planned by the members of the class.

Therefore, to jump start this process, identify below THREE topics/problems that are present in Sarasota County and describe how you would tackle/solve/or serve one of these problems if they were ultimately chosen by your classmates to be your Class Project.

What specific skills/knowledge do you hope to gain from your participation in Leadership Sarasota County? What qualities will you bring to the program?

**Activity Data:**

What has made you the kind of person who cares about our community?

With what volunteer organization/activities are you currently involved? If new to the area, in what have you previously been involved?

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Organization Position/Office

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Organization Position/Office

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Describe responsibility and/or accomplishments

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Organization Position/Office

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Describe responsibility and/or accomplishments

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**Activity Date (**continued)

To date, what do you consider your most significant community contribution in one of these organizations?

Describe one important personal or professional goal you hope to attain within the next five years.

Describe how you have demonstrated a leadership role in your personal and/or professional life.

Approximately, how much time do you devote to community activities each month? \_\_\_\_\_\_\_\_\_Briefly explain.

What types of volunteer activities would you like to become involved with in the future?

Is your company a Chamber member? \_\_\_ Yes \_\_\_ No

Do you know anyone who has participated in Leadership Sarasota County? \_\_\_ Yes \_\_\_ No If yes, please indicate the person’s name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Final checklist:**

 **∙ Application typed or printed with all questions answered?**

 **∙ Application signed and dated?**

 **∙ One letter of recommendation emailed directly to Sara Rachon?**

 **∙ Mail or Deliver To: Leadership Sarasota County, The Greater Sarasota Chamber of Commerce,**

 **1945 Fruitville Road, Sarasota, FL 34236 or email to** **srachon@sarasotachamber.com****.**

 **∙ DEADLINE for receipt of completed application at the Chamber: May 31st, 2019, 12:00p.m.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**Tuition Assistance Application**

Explain why you are requesting tuition assistance.

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Applicant

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Daytime Phone Fax Number Email Address

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Applicant’s Employer

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Hours Per Week

I affirm to the best of my knowledge the above information is true and complete. I agree to provide documentation upon request. I also understand this tuition assistance is only for the Leadership Sarasota County program and is available on a limited basis.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Name Date