



CONFIDENTIAL APPLICATION FOR SELECTION

INSTRUCTIONS

Type or print in black ink. The Selection Committee will use this application in making their selections, so it is extremely important that each section be fully completed. Limit answers to the space available. A letter of recommendation must accompany this application. No other attachments will be considered. Application must be signed by both applicant and employer/sponsor and be returned no later than July 15, 2011 to:

Leadership Ascension 2011 Selection Committee
The Ascension Chamber of Commerce
P.O. Box 1204 / Gonzales, LA 70707-1204
Phone: 225.647.7487 / Fax: 225.647.5124

PERSONAL DATA

Name _____
Last First Middle

Home Address _____
City Zip Home Phone () _____

Mobile Phone () _____ Preferred E-mail _____

Do you require handicapped access or special accommodations (including dietary)? Yes _____ No _____

If Yes, what? _____

Preferred Name (For Nametag) _____

SELECTION INFORMATION

The Committee will be seeking a class that will reflect the diversity of the community. The following information is requested for that purpose.

Male____ Female____ Race____ Birth Date_____ Years in Ascension Parish_____

EDUCATION

Briefly summarize your educational background. List degrees/certificates received, field of study, vocational training programs, professional institutes, etc.

EMPLOYMENT

Present Employer _____ Date of Hire _____

Mailing Address _____ Business Phone () _____

_____ Business FAX () _____
City State Zip

Type of Business _____

Present Title _____ Since (Date) _____

Briefly describe your primary responsibilities in your employment:

Previous employment in reverse chronological order:

Employer	Title or Responsibility	From	To

ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

Major volunteer role at this time:

Organization _____ Position _____

Describe responsibilities: _____

Please list the business, community, civic, political, athletic, religious, cultural or job-related organizations of which you have been a member and that have been of significance to you.

Organization	From	To	Responsibility/Positions Held

GENERAL

Why are you interested in participating in this program?

What specific skills/knowledge do you hope to gain from your participation in LEADERSHIP ASCENSION?

COMMUNITY OPPORTUNITIES

In your judgement, what are the three most notable opportunities Ascension Parish has to offer and what do you feel needs to be done to develop one of these opportunities?

RECOMMENDATIONS

Sponsoring Organization/Business

This candidate has my full support to participate in LEADERSHIP ASCENSION. I am aware of the time commitment involved for effective participation, as well as the financial obligation.

_____ Signature	_____ Date
_____ Corporation/Business	_____ Title
_____ Phone	_____ E-mail Address

*Please submit a letter of recommendation from someone, other than sponsor, who is knowledgeable about your leadership performance and potential. Include contact information.

COMMITMENT

To graduate from LEADERSHIP ASCENSION, a participant is expected to attend all sessions. Opening Retreat (August) and Closing Retreat (June) are both mandatory. Sessions require one full weekday per month from September through May and no more than two absences are allowed. This policy is strictly enforced. In addition, group projects require 10 - 12 hours of outside scheduled meetings over the course of the program.

Will you be able to fulfill this time commitment? Yes _____ No _____

Tuition for each participant is: Chamber Investor: **\$875.00** / Non-Chamber Investor: **\$975.00**

Will you be able to fulfill this financial commitment? Yes _____ No _____

Would you require scholarship assistance with the tuition in order to participate if you are accepted? If yes, please explain:

I understand and acknowledge the purpose and commitment of the LEADERSHIP ASCENSION Program; and if I become a participant, I will devote the required time and effort.

Signature

Date