# LEADERSHIP ATMORE PROGRAM APPLICATION

The Leadership Atmore Program is an affiliate of the Atmore Area Chamber of Commerce, designed to educate, inspire, and develop future leaders in our community. The program is open to individuals who demonstrate an interest in community involvement, leadership potential, and a desire to make a positive impact in Atmore and the surrounding area.

## Personal Information

Name: _____

Address: _____

_____

Primary Phone: _____ Work Phone: _____

Email: _____

Nominated by: _____ Phone: _____
(Employer, Organization, Self, Other)

## Employee Information

Present Employer: _____ Date Hired: _____

Address: _____

Phone: _____ Present Title: _____

## References

Please list the names of two people who are knowledgeable about your leadership potential and performances and who may be contacted regarding your qualifications as a participant.

Name & Title: _____ Phone: _____

Business/Address: _____

Name & Title: _____ Phone: _____

Business/Address: _____

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## Education & Work Experience

Give a brief history of your educational and work experience.

## Community Service Experience

What community service experience have you had?

## Personal Goals

Please explain briefly what you hope to gain from Leadership Atmore and how you will use this experience.

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## Employee & Participant Commitment

Applicants must be employed by a business or a resident in Atmore or a surrounding community. Applications will be reviewed by the Leadership Committee, and scholarships may be awarded as needed. Two (2) scholarships are available annually. The application process will begin in early summer, with participant selection completed prior to the start of the program. Tuition is $650.00 and is due upon acceptance into the program. An Employer Acknowledgment Form must accompany each application. The applicant's employer must sign the form acknowledging that participation in Leadership Atmore may occasionally require attendance during normal business hours and that the employer supports the applicant's participation in the program.

Attached is the program schedule. All dates in red are mandatory.

## Participant Acknowledgment

I understand the purpose of the Leadership Atmore program and if selected will devote the time to complete the program.

_____Applicant Signature _____Date

## Sponsoring Employer Pledge

I understand that Leadership Atmore will require time off from work (one day per month for nine months following the opening retreat). I will support my applicant in allowing him/her the necessary time off to participate fully in the Leadership Atmore Program.

_____Signature _____Date

For more information, questions, or to indicate if you will need assistance through scholarship please contact the Leadership Atmore Program Lead.

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