

# Leadership Lauderdale - Application -



Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

First name or nickname which you want used \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If employed, address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax \_\_\_\_\_

## Employment

Present Employer \_\_\_\_\_ Date began \_\_\_\_\_

Present title or responsibility \_\_\_\_\_ Since (date) \_\_\_\_\_

## Community Activities

List key community, civic, professional, religious, business, social or other organizations of which you have been a member in the last 5 years.

Organization	Official Position Held	Approximate date of membership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special honors or awards for leadership activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public office (include dates of terms of office) \_\_\_\_\_  
\_\_\_\_\_

## Education and Training

Include High School(s), College(s), Graduate School(s), Business or Trade School(s), Military Training or other specialized training:

Name and City of School	Dates (From – To)	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach other information you feel would be helpful to the Selection Committee.

## Employer Commitment

This applicant has the full approval of this organization and the applicant has our full support, which includes the time required to participant in the program, and (if agreed), includes paying his or her tuition, to be paid prior to the retreat.

We also understand that not all applicants can be accepted for this program in any given year and that all applications are held confidential.

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Commitment

1. I wish to participant in Leadership Lauderdale.
2. I have the full support of my employer for the time required to participant.
3. I understand attendance is mandatory for the opening retreat and the closing session.
4. I understand I am expected to attend monthly full day learning sessions.
5. I understand I will be required to commit to community service and personal development activities and projects during the course of this program.
6. I understand that excessive unexcused absence means being removed from the program.
7. I understand that the cost of this program is approximately \$500 per participant. If I withdraw or am removed from the program due to my failure to participate, I agree to reimburse the program this cost if requested to do so.

Signature \_\_\_\_\_

Return to: East Mississippi Business Development Corporation  
Attn: Michele Thames  
P.O. Box 790  
Meridian, MS 39302

