



**Application for Participation  
WCLA II**

**Instructions:**

- Please complete each section in full
- Print in black ink or type
- Limit answers to space provided
- Send completed applications to: Wells County Leadership Academy, c/o Wells County Chamber of Commerce, 211 W. Water St., Bluffton IN 46714, by July 31, 2009.

*Acceptance notification letters will be mailed by August 7, 2009.*

**Personal Data**

Name  Mr.  Ms. \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (h) \_\_\_\_\_ E-mail Address (h) \_\_\_\_\_  
Years of work or residency in Wells County \_\_\_\_\_  
Prefer mail to  home  business

**Employment**

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (w) \_\_\_\_\_ E-mail Address (w) \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_

**Education**

Highest level of education \_\_\_\_\_

**Community Involvement**

Please list organizations in which you are involved, your responsibilities, and the length of time you have participated. If you are not currently involved in community activities, please list areas of interest.

---

---

---

What do you consider to be your most important community service responsibility to date?

---

---

---

**General Information**

What do you hope to gain from participation in WCLA and how do you expect to utilize your experience?

---

---

---

Check the category which best describes the area in which you presently work/serve:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Corporate/Large Business | <input type="checkbox"/> Law                  | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Finance                  | <input type="checkbox"/> Government           | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Small Business           | <input type="checkbox"/> Community/Non-profit | <input type="checkbox"/> Other      |

**Scholarship Availability**

Corporate and community support may make it possible for the WCLA to offer a limited number of partial scholarships. These are generally for half or partial tuition and awarded to those most in need. Acceptance into the program is not dependent upon source of tuition.

Do you request scholarship assistance in order to participate in the WCLA  yes  no

If yes, please state the amount requested and the reason for the request.

---

---

---

**Commitment**

Attendance at each session is imperative to the successful completion of the WCLA. Participants who accrue more than one absence must meet with the Facilitator, who will make a determination regarding the participant's ability to successfully complete the program. The WCLA (session one) will commence on September 9, 2009 and continue meeting monthly on the second Wednesday of each month through May, 2010. No tuition refunds will be granted following September 9. If selected as a participant, I agree to attend program sessions, complete assignments as required and participate in any project. I give permission for representatives from the WCLA to contact my references to discuss my participation in the Academy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Business or Organizations Commitment (if applicable)**

This candidate has my full support to participate in WCLA. I am aware of the time commitment involved, as well as the financial obligation. The WCLA will commence on September 9, 2009. No tuition refunds will be granted following that date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company/Organization \_\_\_\_\_

**References**

Please list two references (name, address, telephone) other than your employer or relatives.

---

---

---