



## Commitment to Participate

### WCLA Level 2

2025-2026 Year

Cost: \$850

#### Instructions:

- Please complete each section in full
- Print in black ink or type
- Limit answers to space provided
- Send completed applications by **June 6, 2025** to:  
Wells County Leadership Academy, c/o Wells County Chamber of Commerce  
211 W. Water St., Bluffton, IN 46714  
[eprible@wellscoc.com](mailto:eprible@wellscoc.com). Call 824-0510 with questions.

**Acceptance notification letters will be mailed the week of July 21, 2025.**

#### Personal Data

Name  Mr.  Ms \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ E-mail Address (h) \_\_\_\_\_

Cell Number: \_\_\_\_\_

Years of work or residency in Current County \_\_\_\_\_

#### Employment

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone (w) \_\_\_\_\_ E-mail Address (w) \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Supervisor Email Address \_\_\_\_\_

#### Commitment

Attendance at each session is imperative to the successful completion of the WCLA. Participants who accrue more than two absences 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 17, 2025. No tuition refunds will be granted following the September start date. If selected as a participant, I agree to attend the program sessions, complete assignments as required and participate in any project. **WCLA Level 2 will meet the third Wednesday of each month (September – May) from 8 a.m. – 12 p.m.**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Over Please...**

**Business or Organization 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 (session one) will commence on September 17, 2025. No tuition refunds will be granted following that date.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

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

Supervisor Email Address \_\_\_\_\_