



2020 Leadership Sikeston

Participant Application

1. PERSONAL INFORMATION *Please list your name as you want shown on your graduation plaque.*

Name _____

Business Name _____ Position Title _____

Business Address _____

Business Phone _____ Cell Phone _____

Email _____

Years in Current Position _____ Years in Sikeston _____

2. GENERAL

Provide a brief statement of the reason(s) you wish to participate and what you expect to gain in Leadership Sikeston:

In your opinion, what are the three most critical problems/issues facing the Sikeston/Miner area today?

3. INVOLVEMENT

Business/Professional Organizations

Community/Civic Organizations



2020 Leadership Sikeston

Participant Application

4. EDUCATION

(high school, college, trade, etc. – degrees obtained)

5. EMPLOYERS AGREEMENT

I fully support the applicant _____ for the 2020 Leadership Sikeston program, and I represent that his/her employer is willing to make available the necessary time for full participation in **all scheduled classes and activities**.

Signature: _____ Date: _____

Print Name: _____

6. APPLICANT'S AGREEMENT

If selected as a participant in Leadership Sikeston, I am willing to attend all functions sponsored by the program, and I understand **attendance is mandatory**. I understand if I fail to meet any obligations of the program, I may be asked to withdraw and may not graduate with my class. I understand I am to notify the Chamber office when I am unable to attend a session. **I understand that if I miss more than one session, I will need to make up the session the following year in order to graduate.**

Signature: _____ Date: _____

7. TUITION

If accepted into the Leadership Sikeston program, you or your organization will be billed for **the tuition fee of \$450 for Sikeston Regional Chamber members or \$550 for non-Chamber members**. Tuition covers supplies, meals, transportation, and speakers during the sessions **Tuition must be paid in full by March 12, 2020 and is non-refundable.**

My tuition will be paid _____ personally _____ by my organization

To be considered, this completed application must be returned to the Sikeston Regional Chamber by end of business February 10, 2020. Participants will be notified of acceptance no later than end of business Wednesday, February 12, 2020.

Sikeston Regional Chamber
128 N. New Madrid
Sikeston, MO 63801

Fax: 573.471.2499
chamber@sikeston.net