



## CONFIDENTIAL APPLICATION FOR APPOINTMENT

**INSTRUCTIONS:** Please complete each section. Limit answers to the space available. Application must be signed by applicant, employer, sponsors and returned as soon as possible. Applications will be date stamped as they arrive. **Completed application packet must contain a recent photograph suitable for use in publications and for publicity (or you can e-mail the photo to [mcbusinessalliance.org](mailto:mcbusinessalliance.org)).**

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**SELECTION CRITERIA** Participation in LEADERSHIP MONROE is open to the business community who live and/or work in Monroe County. A maximum of twenty (20) individuals will be appointed to participate in the program. Since the number of appointments to LEADERSHIP MONROE is limited, applicants who are not selected are encouraged to reapply in subsequent years.

Participants will be chosen by a selection Committee based upon the information completed on this application. The committee will be seeking representation from a cross-section of the community.

Applicants must have the full support of the organization or corporation they represent. 100% Attendance at retreats and 80% attendance at monthly sessions are mandatory.

### I. Personal Data

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Dr., Jr., Sr., ect

Nickname (if preferred) \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Place of Birth \_\_\_\_\_ Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City Zip Code

Business Address \_\_\_\_\_  
Number Street City Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Length of Residence or Employment in Monroe County \_\_\_\_\_

Hobbies \_\_\_\_\_

**II. Education** (Begin with college(s), advance degrees and/or specialized training, also include high school)

A. Name and location of School	Dates (from to)	Degree/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Employment**

Present Employer \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Type of Organization \_\_\_\_\_  
Title or Responsibility \_\_\_\_\_

Briefly describe your present job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business/Professional Affiliations (if any):

Name of Group	Positions(s) Held	Period of Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Community Involvement**

A. Include community, civic, religious, political, government, social, athletic or other activities. Indicate your role in the organization at this time: (member, officer, etc.)

Organization \_\_\_\_\_

Assignment/Position \_\_\_\_\_

B. How much time do you commit to volunteer work each month? \_\_\_\_\_

C. What kinds of volunteer activities would you like to become active with in the future?

\_\_\_\_\_  
\_\_\_\_\_

**V. General Information**

A. What do you feel are the three most significant issues facing Monroe County today?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

B. What are your expectations for your participation in LEADERSHIP MONROE?

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**VI. Commitment**

To "Successfully complete" the LEADERSHIP MONROE Program, a participant is required to attend 80% of all sessions, and both the opening and closing retreats are mandatory.

I understand the purpose for the LEADERSHIP MONROE program and if I am selected I will devote the time and resources necessary to complete the program. I understand the above commitments and agree to be bound by them in signing this application. I understand that no portion of the tuition is refundable.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**VII. Tuition**

If accepted into the LEADERSHIP MONROE Program, you or your employer/sponsor will be billed for the tuition fee which covers all program costs, including room and meals at the Opening Retreat, Graduation, and transportation to class sessions. Tuition is due prior to the opening reception.

Will your employer/sponsor pay the tuition fee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(All participants are encouraged to pay a portion of tuition themselves.)

Will you pay the tuition fee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you need financial assistance to participate in the program? \_\_\_\_\_ \*Yes \_\_\_\_\_ No  
\*If you are selected to receive a partial scholarship, a representative of LEADERSHIP MONROE will contact you to make arrangements. You are encouraged to seek a sponsor if your employer is not paying the tuition, as partial scholarship funds are limited. Payment plan is available upon request and approval prior to the retreat.

**EMPLOYER COMMITMENT** (or if self employed, owner signs)  
This application has the approval of this organization and the applicant has our full support, which includes the time required to participate in the program.

\_\_\_\_\_  
Firm \_\_\_\_\_  
Title

\_\_\_\_\_  
Signature \_\_\_\_\_  
Print Name

## ALUMNI ENDORSEMENTS

Applications must have the endorsement of two LEADERSHIP MONROE Alumni. If you need assistance with these endorsements, please contact a staff member at the Business Alliance via phone (734-241-8081) or email ([mcba@mcbusinessalliance.org](mailto:mcba@mcbusinessalliance.org)).

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Name	Signature	Year
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Name	Signature	Year
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Application should be mailed or delivered to: LEADERSHIP MONROE, 9 Washington Street, Monroe, MI 48161

### BEFORE SUBMITTING THIS APPLICATION, PLEASE VERIFY THE FOLLOWING

- PROFESSIONAL** Photo included
- LEADERSHIP MONROE Alumni Signatures
- Calendar Cleared for 100% Attendance at the Opening Retreat & Closing Retreat
- Calendar Cleared to attend Monthly Sessions (*80% Required*)
- Application 100% Complete
- Employers Signature

**Questions: Call or e-mail us at [MHalcomb@mcbusinessalliance.org](mailto:MHalcomb@mcbusinessalliance.org) or 734-384-3366**

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9 Washington Street - Monroe, MI 48161  
Phone (734) 384-3366 - [www.monroecountychamber.com](http://www.monroecountychamber.com)