

LEADERSHIP GASTON

Presented by



APPLICATION

PERSONAL INFORMATION

Full Name: _____

Email Address: _____ Cell Phone: _____

Job Title: _____

PROFESSIONAL INFORMATION

Employer (Company Name): _____

CEO or Supervisor's Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Sponsor (if any): _____

(Sponsor may be your employer or an organization such as Jaycees, etc. If no sponsor, write "None.")

Are you self-employed? _____

Are you a resident of Gaston County? _____

If yes, number of years _____

Beginning date of current employment: _____

EDUCATIONAL BACKGROUND

Secondary/Post Secondary/Graduate Education

1. Institution: _____

Date of Graduation: _____ Degree: _____

2. Institution: _____

Date of Graduation: _____ Degree: _____

COMMUNITY INVOLVEMENT

List up to three community, civic, professional, business, social or other organizations in which you are or have been a member:

Organization	Purpose of your role	Dates of affiliation
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1.

2.

3.

What is the most significant thing you have learned as a result of your community/volunteer involvement? _____

Why have you applied to Leadership Gaston? _____

What is the outcome you hope to receive from this program? _____

PERSONAL STATEMENT

What do you feel are the greatest challenges and/or opportunities ahead for Gaston County? _____

What type of leadership development information would you like presented that would enhance your present skills? _____

TUITION INFORMATION

Note: Application must be filled out completely and delivered to the Gaston Business Association no later than **July 19, 2021**, with a refundable deposit of \$200. The selection process will be completed in early August, and you will be notified and billed at that time for the remaining \$250 fee for GBA members, or \$300 for future members, if accepted into the Leadership Gaston program. Fee covers all expenses.

SCHOLARSHIP INFORMATION

Leadership Gaston offers one \$150 scholarship and will be awarded based on need. Applications for scholarship assistance are confidential and considered separately so will not affect class selection. Scholarship assistance applies to GBA members only.

Yes, I need assistance. _____

If you would like to apply for the scholarship please briefly explain why you need assistance. _____

CEO (OR SUPERVISOR) ENDORSEMENT

I hereby recommend _____ for consideration in the Leadership Gaston program. If he/she is selected, I agree to provide adequate release time from the regular duties for him/her to attend the required sessions and activities.

PROFESSIONAL INFORMATION

Employer (Company Name):

CEO or Supervisor’s Name:

Business Mailing Address:

City:

State:

Zip:

Business Phone:

Email

Signature _____ Date: ____

MY PERSONAL COMMITMENT TO LEADERSHIP GASTON

- I agree to participate in all activities planned for this program and do understand the following expectations of each class participant:
- Each participant is required to attend every all-day session.
- Each participant is expected to complete certain required “out of class” assignments. (e.g. police ride along, city council meeting or volunteer work at a community event.)
- I also am aware that my employer will be kept informed of my participation in Leadership Gaston.

_____ Name _____ of
 Applicant Signature of Applicant

_____ Date