

Presented by



APPLICATION

County

PERSONAL INFORMATI	ON	
Full Name:		
Email Address:	(Cell Phone:
	Name):	
	ent employment:	
COMMUNITY INVOLVE	<u>MENT</u>	
List up to three commwhich you are or have	unity, civic, professional, business, been a member:	social or other organizations in
Organization	Purpose of your role	Dates of affiliation
1.		
2.		
3.		
PERSONAL STATEMEN	<u>Γ</u>	
What do you feel are tl	ne greatest challenges and/or oppor	rtunities ahead for Gaston

TUITION INFORMATION

Note: Application must be filled out completely and delivered to the Gaston Business Association no later than **February 25th**, with a deposit of \$200. The selection process will be completed on a rolling basis, and you will be notified and billed at that time for the remaining \$320 fee for GBA 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 schassistance.	nolarship please briefly explain why you need
MY PERSONAL COMMITMENT TO LEA	ADERSHIP GASTON
	ies planned for this program and do understand the participant:
• Each participant is expected to co	omplete certain required "out of class" assignments. neeting or volunteer work at a community event.)
 I also am aware that my employer Leadership Gaston. 	r will be kept informed of my participation in
Name of Applicant	Signature of Applicant
Date	

Please complete, scan, and send to steve@gastonbusiness.com

