



# Leadership Academy Application

## INSTRUCTIONS:

Please type or print legibly. Complete each section fully.

## Personal Data

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Number of years in your current line of work: \_\_\_\_\_

Professional Designations Earned: \_\_\_\_\_

Leadership positions held, special honors and awards received: \_\_\_\_\_

## Work Experience

Present Firm Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position Start Date (month/year) \_\_\_\_\_

Briefly describe your job responsibilities: \_\_\_\_\_

List your career/occupation(s) prior to current: \_\_\_\_\_

What attracted you to your current occupation: \_\_\_\_\_



**REALTOR® Association Involvement**

List your involvement with the **Champaign County Association of REALTORS®**, **Illinois REALTORS®** or other related organizations. \_\_\_\_\_

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

**Community Involvement**

List community, civic, political, governmental, religious, athletic, social or other areas of active involvement. Do not include business or professional activities in this section. \_\_\_\_\_

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

Why do you want to be considered for the CCAR Leadership Academy? \_\_\_\_\_

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

What do you hope to gain from this experience? \_\_\_\_\_

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

If accepted into the CCAR Leadership Academy, CCAR will cover the costs for each leadership session, meals, and instructional materials. Participants are expected to pay their own travel expenses to and from sessions or events.

I understand that attendance at all sessions/functions is required for the satisfactory completion of the program. Any absences will be evaluated on a case-by-case basis and may include make-up work. If a participant misses more than one session the participant will be asked to withdraw and reapply when able to make the commitment.

If I am selected, I will devote the time and resources necessary to complete the program. I understand the commitments and agree to be bound by them in signing this application.

I agree

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_