



Please  
attach a  
photo if  
possible.

# 2023-2024 Huntsville Leadership Institute Application

## 2023-24 Schedule

*Please review these dates and make sure they will not conflict with prior commitments, The attendance policy is defined on the last page of this application.*

- ◆ August 1-Applications Due
  - ◆ September 7 - Orientation; 5:15 p.m.
  - ◆ September 18 & 19 Retreat  
Overnight – 2 day OVERNIGHT  
retreat is MANDATORY
  - ◆ October 17
  - ◆ November 14
  - ◆ December 19
  - ◆ January 16
  - ◆ February 20
  - ◆ March 19
  - ◆ April 16
  - ◆ May 21
- May/June – Graduation TBA**

**DEADLINE: AUGUST 1 at 5:00 p.m.** PLEASE TYPE OR NEATLY PRINT

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME (Mailing) ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BUSINESS (Mailing) ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_

Length of Residency in Walker County \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

If selected my name tag should read:

Name: \_\_\_\_\_ Name of Business Associated with: \_\_\_\_\_

(Note: Please answer all questions directly on this application; if additional pages are necessary, please attach them to this original.)

The selection committee will review each application. Acceptance into the program is based on a scoring system; the make-up of each *Huntsville Leadership Institute* program is carefully considered to ensure that it is broad based, representing a variety of economic, professional, social and ethnic backgrounds.

I wish to receive information about a scholarship to attend Huntsville Leadership Institute. \_\_\_\_\_ Yes \_\_\_\_\_ No  
The scholarship application must be turned in by August 1, 2023, in order to be processed for consideration.  
Scholarships given are based on need and number that apply.



**IV. HONORS/RECOGNITION**

List any special honors or recognition you have received from any group or organization

GROUP/ORGANIZATION	AWARD/RECOGNITION	DATE

**V. COMMITMENT**

1) Why do you want to be a participant in Huntsville Leadership Institute?

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2) What do you feel you can contribute to this community upon completion of Huntsville Leadership Institute?

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3) What do you think is the greatest challenge facing our community in the next 3-5 years?

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VI. **ATTENDANCE POLICY** - Every participant in the Huntsville Leadership Institute is required to attend all sessions. **THE ORIENTATION AND TWO-DAY OVERNIGHT RETREAT IS MANDATORY.** The program is designed so that each subject adds to a well-rounded foundation for any future leadership roles.

During each session, the **entire class day** is part of the HLI experience. Once the session begins, you are expected to remain with the class. Breaks, meals and transportation as a group are important to the process of the program and are considered part of the session.

**Program participants may not miss the orientation and retreat session and more than (10) ten combined program hours.** Participants that accrue more than 10 hours of absence may appeal to the HLI Board to continue program participation; all requests will be considered, but such absences could result in removal from the program with no refund of tuition. If a participant is in jeopardy of graduation due to attendance, his/her employer will be notified.

**Due to restrictions on our criminal justice day please indicate:**

**1. I have been convicted of a felony or misdemeanor?** \_\_\_\_\_ Yes \_\_\_\_\_ No

VIII. **COMMITMENT & REQUIREMENTS**

- I wish to participate in THE HUNTSVILLE LEADERSHIP INSTITUTE.
- I have my company's/organization's support for my participation (see below).
- I will be able to attend the orientation, retreat and the 8 monthly day-long sessions. **7:30 a.m. – 5:00 p.m.**
- **I am aware of the attendance policy and agree to adhere to that policy.**
- I will participate as a team member in the **class project** and do my part to make it successful and worthwhile for the community. I understand that there may be some fund raising or extra cost and/or time for this task. I understand that the project will be decided upon as a collective effort by the class at the retreat.
- I understand that several sessions do require a great deal of walking – **if you have physical limitations, please contact the chamber for clarification**
- I will volunteer at least 4 hours at an approved **chamber sponsored event** such as:
  - Pre Fair on the Square Concert, Friday, October 6, 2023
  - Fair on the Square, Saturday, October 7, 2023
  - Annual Chamber Gala, Saturday, December 9, 2023
  - Diva Night, Friday, April 19, 2024
  - Shot in the Dark Night Golf Tournament, Friday, May 17, 2024
- I will attend one HISD school board meeting and one Huntsville City Council meeting during the year.
- I will pay tuition (\$900.00) **in full prior to the retreat** or make financial arrangements with the Chamber upon selection. This includes a HLI Chamber Polo shirt to be worn at all sessions, **these will be in ladies and men sizes. Shirts run small and are fitted.**  
**Please indicate size:** Men's \_\_\_\_\_ Women's \_\_\_\_\_
- I understand that the Chamber is not responsible for any injuries or damages incurred during HLI.
- **If I fail to adhere to the attendance policy, I may not graduate and my employer may be notified of my absences.**

**Code of Conduct: I understand that as an HLI participant, I represent the organization I work for, as well as the Chamber of Commerce and Huntsville Leadership Institute. Therefore, I will conduct myself in a professional manner and be respectful of the speakers and fellow classmates throughout the entire class day. The HLI Committee reserves the right to review any misconduct or complaints and to implement disciplinary action up to and including termination of HLI Class participation.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IX. EMPLOYER COMMITMENT (To be completed by your current supervisor)**

I am aware of the time requirements of Huntsville Leadership Institute and the commitment that this applicant will make if she/he is selected. As her/his supervisor, I support this program and approve time away from employment to attend all sessions.

\_\_\_\_\_  
Employer's Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address