



LEADERSHIP WALLA WALLA

*Cosponsored by
Walla Walla Valley Chamber of Commerce
and Walla Walla Community College*

CONFIDENTIAL APPLICATION FOR APPOINTMENT

Applicant Name _____

INSTRUCTIONS

Type or print in black ink. Please complete each section fully. Limit answers to the space available. Application must be signed by both applicant and employer (if applicable) and returned no later than August 1st. Please submit two letters of recommendation with your completed application packet.

SELECTION CRITERIA

Participation in LEADERSHIP WALLA WALLA is open to persons living in the greater Walla Walla area. A maximum of twenty individuals will be appointed to participate in the program. Since the number of appointments to LEADERSHIP WALLA WALLA is limited, applicants who are not selected are encouraged to reapply in subsequent years.

Participants will be chosen based upon the information completed on this application. The program will function best if the candidate pool includes a cross-section of the community in terms of occupation, age, gender, ethnicity, etc. Therefore, we will seek diversity in choosing participants.

Key criteria in selecting participants are the candidate's potential to provide positive leadership to the community and a demonstrated interest in the community.

Factors that will be taken into account in assessing potential to provide positive leadership to the community include:

- Communication skills.
- Demonstrated capacity for leadership within the applicants own organization through significant achievements relative to age and experience.
- Ability to set and attain goals as demonstrated by significant personal, community and/or career achievement.

Factors that will be taken into account in assessing demonstrated interest in the community include:

- A record of commitment to the community through past and present involvement in community activities.
- An intent to remain in the community through past and present involvement in community activities.
- Residence in the community at least one year.
- A willingness and ability to commit the time and energy necessary to participate in the program.

If employed, applicants must have the full support of their employer.

Attendance at monthly sessions is mandatory. Those who fail to attend may be asked to withdraw with no refund of tuition. Only candidates who attend and complete all activities will be eligible for graduation.

I. PERSONAL DATA

DATE _____

Name _____
Last First Middle

First Name and/or Nickname Preferred _____

Home Address _____
Number Street City Zip Code

Business Address _____
Number Street City Zip Code

Home Phone _____ Business Phone _____

Email _____ Fax Number _____

Length of Residence in Walla Walla area _____

If Married: Spouse Name _____

Number of Children _____ Names and Ages _____

Hobbies _____

The following information is needed for security clearance purposes on Law Enforcement Day and will be used for that purpose only:

Age _____ Male _____ Female _____ Date of Birth _____ Place of Birth _____

Driver's License # _____ State of Issuance _____ Race _____

II. EDUCATION

(Begin with high school, college(s), advanced degrees and/or specialized training.)

A. Name and Location of School	Dates (from-to)	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____

B. Special Awards for Academic Performance:

C. Extracurricular Activities: *(Leadership positions held, special honors and awards received during school years)*

III. EMPLOYMENT

Present Employer _____ Service Date _____

Type of Organization _____

Title or Responsibility _____ Since _____

A. Briefly describe your responsibilities in your employment:

B. List previous employment (most recent first): *(include active military duty.)*

Employer

Title/Responsibility

From

To

C. What do you consider your highest career achievement to date?

D. Business/Professional Affiliations (if any): *(Not including civic organizations, public office, or political activities)*

Name of Group

Positions Held or Assignments

Period of Affiliation

_____	_____	_____ To _____
_____	_____	_____ To _____
_____	_____	_____ To _____

IV. COMMUNITY INVOLVEMENT

A. Include community, civic, religious, political, government, social, athletic, or other activities. Do not include business/professional activities. Indicate major role in the organization at this time:

Organization(s) _____

Assignment/Position(s) _____

Describe Responsibilities or Achievements _____

B. If you have additional significant community, civic, religious, political, government, social, athletic or other areas of active involvement, please list below.

V. GENERAL INFORMATION

(One of the goals of LEADERSHIP WALLA WALLA is to build a network of community leaders who can enhance their problem solving and other leadership abilities through shared perspectives and working together.)

A. What do you feel are the three most significant problems facing the greater Walla Walla area today?

B. What specific skills/knowledge do you hope to gain from your participation in LEADERSHIP WALLA WALLA?

VI. COMMITMENT

(To graduate from LEADERSHIP WALLA WALLA, a participant is expected to attend all sessions.)

Orientation Work Session—This is a one-day session in September.

One full weekday each month—October through May.

I understand the purposes of the LEADERSHIP WALLA WALLA program and if I am selected I will devote the time and resources necessary to complete the program. Even though emergencies do arise, any participant missing more than one session, for whatever reason, may be asked to withdraw from the program and no portion of the tuition shall be refunded. I understand that any session missed must be made up the following year to insure graduation from the program. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature

Date

TUITION

If accepted as a candidate for the LEADERSHIP WALLA WALLA program, you will be billed a \$699 tuition payable by September 1. The tuition covers all program costs, including meals. Tuition may be paid by the candidate, a sponsor, an employer, or some combination thereof.

Will your employer/sponsor pay the entire tuition fee? Yes No

Will you pay all the tuition fee? Yes No

Will you and your employer/sponsor both contribute to the tuition fee? Yes No

Employer/sponsor: \$ _____ My participation: \$ _____

Will you need financial assistance to participate in the program? Yes No

If yes, amount requested: \$ _____

No applicant will be refused participation because of economic circumstances. If you are selected for the program and need financial assistance, a representative of LEADERSHIP WALLA WALLA will contact you to make arrangements. You are encouraged to seek a sponsor if you or your employer are unable to pay the tuition (scholarship funds are limited).

EMPLOYER COMMITMENT (if applicable)

This application has the approval of this organization. The applicant has our full support which includes the time required to participate in the program.

Firm

Signature

Title

APPLICATION SHOULD BE MAILED TO:

**LEADERSHIP WALLA WALLA
C/O WALLA WALLA COMMUNITY COLLEGE
JODI WORDEN, DIRECTOR
500 TAUSICK WAY
WALLA WALLA, WA 99362
DEADLINE FOR APPLICATIONS IS AUGUST 1ST.**

Leadership Walla Walla is a program of the Walla Walla Valley Chamber of Commerce and the Center for Business and Professional Development at Walla Walla Community College. College level credit is available for all registered candidates of LEADERSHIP WALLA WALLA.