

# LEADERSHIP WAXAHACHIE

## CONFIDENTIAL APPLICATION 2010

|   |  |
|---|--|
| APPLICANT CHECKLIST<br><input type="checkbox"/> Completed Application with appropriate signatures(4 pages only) | OFFICE CHECKLIST<br><input type="checkbox"/> Completed Application with appropriate signatures |
|---|--|

### INSTRUCTIONS:

The following are imperative for an application's acceptance:

- Application should be neatly typed. Computer generated applications must use the same format. If you'd like an application via e-mail, please send this request to [neal.white@wninews.com](mailto:neal.white@wninews.com). **Do not use additional pages or attach resumes or other documents.**
- Completed application is **due no later than 5:00 P.M. Monday, July 12, 2010.**

### GENERAL INFORMATION:

|   |   |  |             |                 |   |
|---|---|--|-------------|-----------------|---|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                          | <input type="checkbox"/> Ms. <input type="checkbox"/> _____   | Last Name:   | First Name: | Middle Initial: | First & Last Name for Nametag:            |
| Home Address:   |   |  |             |                 | Length of Residence in Ellis County area: |
| City:   | State:  | Zip:   | Home Phone: |                 |   |
| E-mail:   | Office Phone:   |  | Office Fax: |                 |   |
| Date of Birth:  | <input type="checkbox"/> Male <input type="checkbox"/> Female | Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No           | Cell phone: |                 |   |
| Previous Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, when? |   | Preferred Mailing Address: <input type="checkbox"/> Business <input type="checkbox"/> Home |             |                 |   |

### EMPLOYMENT:

|   |  |        |      |
|---|--|--------|------|
| Present Employer:   | Waxahachie Chamber Member:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Title or Responsibility:  | Length of Time with Employer:  |        |      |
| Business Address:   | City:  | State: | Zip: |
| Number of Employees: <input type="checkbox"/> More than 250 employees <input type="checkbox"/> 50 – 250 employees <input type="checkbox"/> Less than 50 employees |  |        |      |

### Type of Business:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting                 | <input type="checkbox"/> Non Profit               |
| <input type="checkbox"/> Advertising/Marketing/PR   | <input type="checkbox"/> Oil & Gas                |
| <input type="checkbox"/> Architecture               | <input type="checkbox"/> Real Estate/Development  |
| <input type="checkbox"/> Arts/Entertainment/Media   | <input type="checkbox"/> Retail                   |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Religion                 |
| <input type="checkbox"/> Communication              | <input type="checkbox"/> Technology               |
| <input type="checkbox"/> Community Volunteer        | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Utilities                |
| <input type="checkbox"/> Consultant                 | <input type="checkbox"/> Other: (please specify): |
| <input type="checkbox"/> Distribution/Logistics     |   |
| <input type="checkbox"/> Education                  |   |
| <input type="checkbox"/> Engineering                |   |
| <input type="checkbox"/> Foundations                |   |
| <input type="checkbox"/> Private/Community          |   |
| <input type="checkbox"/> Government                 |   |
| <input type="checkbox"/> Healthcare                 |   |
| <input type="checkbox"/> Law: Practice              |   |
| <input type="checkbox"/> Manufacturing              |   |

**EDUCATIONAL BACKGROUND:**

| School/University: | City, State: | Dates (from-to): | Degree: | Major: |
|--------------------|--------------|------------------|---------|--------|
|                    |              |                  |         |        |
|                    |              |                  |         |        |
|                    |              |                  |         |        |

**PROFESSIONAL & OCCUPATIONAL ACTIVITIES:**

|                                     |                         |           |
|-------------------------------------|-------------------------|-----------|
| 1. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 2. Organization:<br>Responsibility: | Dates of Participation: | Position: |

**VOLUNTARY COMMUNITY ACTIVITIES:**

List the key non-professional activities (charity, religious, school involvement, task forces or commissions) in which you have been an active participant in Waxahachie or other cities in which you have lived.

|                                     |                         |           |
|-------------------------------------|-------------------------|-----------|
| 1. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 2. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 3. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 4. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 5. Organization:<br>Responsibility: | Dates of Participation: | Position: |
| 6. Organization:<br>Responsibility: | Dates of Participation: | Position: |

In an average month, approximately how many hours are spent on voluntary community activities? \_\_\_\_\_ Hours

**SPECIAL HONORS/AWARDS:**

**GENERAL:**

Please answer in the space provided limiting each response to 100 words or less. **No attachments please.** Additional pages will not be given to the Selection Committee.

|   |
|---|
| <p>I. What do you consider to be your most significant professional or community contribution? Briefly explain why you consider it to be significant.</p>                     |
| <p>II. What do you consider the most significant issue facing the Waxahachie area today? Briefly describe how you could help influence this issue in the next five years.</p> |
| <p>III. Why should you be selected for Leadership Waxahachie?</p>   |
| <p>IV. What do you hope to gain from participation in Leadership Waxahachie?</p>  |

**TUITION:**

If admitted to the class, a tuition fee of \$600 shall be paid no later than 4 P.M. Monday, August 2, 2010. Tuition is non-refundable after September 1, 2010.

**COMMITMENT:**

The Leadership Waxahachie program requires a significant commitment of time and energy. Participation involves an overnight Orientation Retreat in August, one full-day session per month from September to May, a class project and curriculum committee meetings. Applicants must be able to fulfill program attendance requirements in order to graduate.

- The date for the Orientation Retreat is TBD. Full participation at the retreat is mandatory, no exceptions. If selected, can you commit?  Yes  No
- Attendance at subsequent sessions that will be held one Friday of each month beginning in September and continuing through May. If selected, can you commit to nine full-day sessions?  Yes  No

Nominees for Leadership Waxahachie must have the support of their sponsoring business or organization. **The employer must sign this form to indicate their support of the nominee’s participation in the program.**

I understand the goals and commitment of the Leadership Waxahachie program and the attendance requirements. If selected, I will fulfill all obligations outlined in this application and will pay my tuition upon acceptance. I acknowledge that I have completed the foregoing application and that all the information contained herein is true and correct. I hereby give Leadership Waxahachie the right to make inquiries regarding the information provided on this application form.

|                                    |        |
|------------------------------------|--------|
| Employer’s Signature:              | Date:  |
| Employer Name (please type/print): | Title: |
| Sponsor/Company Name:              |        |
| Applicant’s Signature:             | Date:  |

**DELIVERY INSTRUCTIONS & DEADLINE:** Mail or deliver completed application to:

**LEADERSHIP WAXAHACHIE**  
**Waxahachie Chamber of Commerce**  
 102 YMCA Dr.  
 Waxahachie, TX 75165

Phone: 972-937-2390 ■ E-mail: [neal.white@wninews.com](mailto:neal.white@wninews.com)

**Application Deadline: No later than 5:00 p.m. on Monday, July 12, 2010.**