



An Annual Program Presented By:



## CONFIDENTIAL APPLICATION FOR SELECTION LEADERSHIP ASCENSION 2011

### INSTRUCTIONS

Type or print in black ink. The Selection Committee will use this application in making their selections, so it is extremely important that each section be fully completed. Limit answers to the space available. A letter of recommendation must accompany this application. No other attachments will be considered. Application must be signed by both applicant and employer/sponsor and be returned no later than July 16, 2010 to:

Leadership Ascension 2011 Selection Committee  
The Ascension Chamber of Commerce  
P.O. Box 1204  
Gonzales, LA 70707-1204  
Phone (225) 647-7487

### PERSONAL DATA

Name \_\_\_\_\_  
*Last* *First* *Middle*

Home Address \_\_\_\_\_  
\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Mobile Phone ( *City* ) \_\_\_\_\_ *Zip* Preferred E-mail \_\_\_\_\_

Do you require handicapped access or special accommodations (including dietary)? Yes \_\_\_ No \_\_\_

If Yes, What? \_\_\_\_\_

Preferred Name (*For Nametag*) \_\_\_\_\_

### SELECTION INFORMATION

The Committee will be seeking a class that will reflect the diversity of the community. The following information is requested for that purpose.

Male \_\_\_ Female \_\_\_ Race \_\_\_ Birth Date \_\_\_\_\_ Years in Ascension Parish \_\_\_\_\_

### EDUCATION

Briefly summarize your educational background. List degrees/certificates received, field of study, vocational training programs, professional institutes, etc.

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## EMPLOYMENT

Present Employer \_\_\_\_\_ Date of Hire \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Business FAX ( ) \_\_\_\_\_  
*City St. Zip*

Type of Business \_\_\_\_\_

Present Title \_\_\_\_\_ Since (date) \_\_\_\_\_

Briefly describe your primary responsibilities in your employment:

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

Previous employment in reverse chronological order:

<i>Employer</i>	<i>Title or Responsibility</i>	<i>From</i>	<i>To</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

Major volunteer role at this time:

Organization \_\_\_\_\_ Position \_\_\_\_\_

Describe responsibilities: \_\_\_\_\_

\_\_\_\_\_

Please list the business, community, civic, political, athletic, religious, cultural or job-related organizations of which you have been a member and that have been of significance to you.

<i>Organization</i>	<i>From</i>	<i>To</i>	<i>Responsibility/Positions Held</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## GENERAL

Why are you interested in participating in this program?

\_\_\_\_\_

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

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

# COMMUNITY OPPORTUNITIES

In your judgement, what are the three most notable opportunities Ascension Parish has to offer and what do you feel needs to be done to develop one of these opportunities?

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# RECOMMENDATIONS

## *Sponsoring Organization/Business*

This candidate has my full support to participate in LEADERSHIP ASCENSION. I am aware of the time commitment involved for effective participation, as well as the financial obligation.

_____ <i>Signature</i>	_____ <i>Corporation/Business</i>
_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Phone</i>	_____ <i>E-mail Address</i>

Please submit a letter of recommendation from someone, other than sponsor, who is knowledgeable about your leadership performance and potential. Include contact information.

# COMMITMENT

To graduate from LEADERSHIP ASCENSION, a participant is expected to attend all sessions.

- Opening Retreat (August 22<sup>nd</sup> & 23<sup>rd</sup>) and Closing Retreat (June 3<sup>rd</sup> & 4<sup>th</sup>) – Mandatory.
- One full weekday per month, September-May, No more than two absences are allowed. Strictly enforced.
- Group Projects – Requires 10 - 12 hours outside of scheduled meetings over the course of the program.

Will you be able to fulfill this time commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Tuition for each participant is: Chamber Investor \$875.00 Non-Chamber Investor \$975.00

Will you be able to fulfill this financial commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you require scholarship assistance with the tuition in order to participate if you are accepted? If yes, please explain.

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I understand and acknowledge the purpose and commitment of the LEADERSHIP ASCENSION Program; and if I become a participant, I will devote the required time and effort.

_____ <i>Signature</i>	_____ <i>Date</i>
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*Revised 03/22/06*