Greenville-Pitt County Chamber of Commerce

2021-2022 Leadership Institute

CONFIDENTIAL APPLICATION - DUE AUGUST 6, 2021

Visit www.greenvillenc.org/leadership for the online version of this application

Personal Informati	ion:		
Name:	FIRST	MIDDLE	LAST
Cell Number:			
Address:	STREET#	CITY	ZIP
Email Address to v	which notices should be ser	nt:	
Employment / Spo	nsor Information:		
Employer/Organiza	ation:	Position:	
Business Address	:STREET#	CITY	ZIP
Work Phone:		Extension:	
Sponsored by: (Or	ganization Name)		
☐ Employer	☐ Organization/Business	☐ Self	☐ Other
Sponsor Contact:		Sponsor Phone:	
Sponsor Email: _			-
Educational Backs	ground: List college(s), busines.	s or trade schools and/or spe	cialized training.
<u>University/</u>	<u>/College</u>	<u>Date</u>	<u>Degree/Major</u>

Community Involvement:

Please list, in order of importance to you, (3) three civic, professional, business, religious, social, athletic, and other organizations of which you are or have been a member.

	<u>Organization</u>	<u>Position Held</u>	<u>Dates</u>
1.			
2.			
3.			
Brief expla	fly state any contributions or achie ain your role in these accomplishr	evements in any of the above which you onents:	consider significant, and
Gen	eral Information:		
1.	Define your concept of leader	ship.	
2.	Please explain what you hope	e to gain if selected to participate in the Lo	eadership Institute.
3.	What do you consider your hi	ghest achievement, responsibility or skill	to date?
4.	What do you feel are the mos	t significant challenges facing Greenville-	-Pitt County?

Employer/Sponsor Agreement:

Signature:

By signing below, I understand the time commitment required of my employee to participate in the Greenville-Pitt County Chamber of Commerce Leadership Institute. If my employee is selected to participate, I approve his/her absence to attend all of the sessions. I understand that if my employee does not adhere to the attendance policy, he/she will not be credited with successfully completing the program. My signature also indicates that I agree to make the tuition payment, in full, by **September 3, 2021** and I understand the tuition guidelines. My signature further indicates that the applicant has the approval of our organization and we fully support his/her participation in the program.

Signature:			Date:	/	/	_
<u>Application</u>	n Participation Agı	reement:				
commit to at attendance i policy and ui	s a participant in the O tending all scheduled s required when regul nderstand the conseq es of signing this docu	sessions/functions ar sessions are sc uences of not adhe	sponsored by heduled. I have	the program carefully rev	and I unders iewed the at	stand that tendance
В.	releasing the Greenwaiving my right to solutions all risks of events incidental to the second	ue the Greenville-F participating in this	Pitt County Cha	mber of Com	merce,	tivities or any
I understand	the above commitme	ents and agree to b	e bound by the	m in the signi	ng of this ap	pplication.



Date: / /

For more information, contact:

Kimber Stone, Director of Member Relations and Programs Phone: 252.752.4101 ext. 222 | Email: kimber@greenvillenc.org