



Leadership Institute  
Greenville-Pitt County Chamber

### **Application Instructions:**

- **Complete this application in its entirety with required signatures**
- **Return completed application via mail/fax/email to:**  
Greenville-Pitt County Chamber of Commerce  
Attn: Leadership Institute  
302 S. Greene St. | Greenville, NC 27834  
Fax: (252) 752-5934 | Email: kate@greenvillenc.org
- **DEADLINE FOR APPLICATION** - Friday, August 4, 2017

### **Letter of Reference:**

*\*Applicants are required to submit a letter of reference with this application.*

### **Tuition: \$950 Per Participant**

Tuition must be paid in full by **September 8, 2017**. Cancellation after acceptance into the program, but prior to the retreat, results in forfeiture of 50% of the tuition. No refund will be issued if cancellation occurs during or after the retreat. Applicants will be invoiced for their tuition upon acceptance into the program. Tuition may be paid by the individual, employer, or other agency in the form of check or credit card. **\*Do not include tuition with this application.**

### **Application/Selection Process:**

Participants are selected by the Leadership Institute Advisory Board based on their proven and potential leadership abilities, civic activity, volunteer leadership, and concern for their community.

### **Participation Requirements/Attendance:**

Applicants must be employed by a Chamber member business/organization in good standing and live and/or work in Pitt County to be considered for participation. **Participants are allowed to miss only (2) two sessions throughout the program.** Any participant missing more than two sessions forfeits his/her opportunity to graduate. No make-up days or work assignments will be given in order to graduate. If a participant is unable to attend a session, he/she must provide notification in advance of the session.

The overnight retreat, scheduled for Sunday, Sept. 10 - Monday, Sept. 11, will take place at the Trinity Center in Pine Knoll Shores, NC. Further information regarding the retreat will be outlined at the orientation. Participation at the retreat is MANDATORY. Program sessions are scheduled on the second Wednesday of the month from 8:30 a.m. to 4:30 p.m.

Participants are required to complete a "Learn Where You Live" (LWYL) component in order to graduate from the program. Further information regarding the LWYL assignment will be outlined in detail during the overnight retreat.

### **Questions?**

Contact Kate Teel (Member Relations & Programs)  
Phone: (252) 752-4101 ext. 228  
kate@greenvillenc.org



# Greenville-Pitt County Chamber of Commerce

2017-18 Leadership Institute

## CONFIDENTIAL APPLICATION

Visit [www.greenvillenc.org/leadership](http://www.greenvillenc.org/leadership) for the online version of this application

### Personal Information:

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET # CITY ZIP

Email Address to which notices should be sent: \_\_\_\_\_

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### Employment / Sponsor Information:

Employer/Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET # CITY ZIP

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Sponsored by: (Organization Name) \_\_\_\_\_

Employer       Organization/Business       Self       Other

Sponsor Contact: \_\_\_\_\_ Sponsor Phone: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

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### Educational Background: List college(s), business or trade schools and/or specialized training.

<u>University/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.	_____	_____	_____

*Briefly state any contributions or achievements in any of the above which you consider significant, and explain your role in these accomplishments:*

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

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**General Information:**

1. Define your concept of leadership.

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

2. Please explain what you hope to gain if selected to participate in the Leadership Institute.

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

3. What do you consider your highest achievement, responsibility or skill to date?

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

4. What do you feel are the most significant challenges facing Greenville-Pitt County?

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

**Employer/Sponsor Agreement:**

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 8, 2017 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Application Participation Agreement:**

If selected as a participant in the Greenville-Pitt County Chamber of Commerce Leadership Institute, I will commit to attending all scheduled sessions/functions sponsored by the program and I understand that attendance is required when regular sessions are scheduled. I have carefully reviewed the attendance policy and understand the consequences of not adhering to the policy. I understand the legal consequences of signing this document, including:

- A. releasing the Greenville-Pitt County Chamber of Commerce from all liability,
- B. waiving my right to sue the Greenville-Pitt County Chamber of Commerce,
- C. I assume all risks of participating in this program, including travel to and from activities or any events incidental to this program

I understand the above commitments and agree to be bound by them in the signing of this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**For more information, contact:**  
Kate Teel, Member Relations & Programs  
Phone: 252.752.4101 ext. 228 | Email: [kate@greenvillenc.org](mailto:kate@greenvillenc.org)