

**Wyoming Kentwood Leadership Development (WKLD) Program
2018**

**APPLICATION FORM (all four pages must be filled out with appropriate signatures and
returned via email to bob@southkent.org or fax to 616-531-0252):**

Last Name, First Name, Middle Initial

Home Address (Street, City, State, Zip)

Home Phone

Business Name

Business Phone

Business Fax

Business Address (Street, City, State, Zip)

Email Address

Sponsoring Employer (if applicable)

Sponsoring Contact Info (Name, Contact Phone and Email)

Employer Date of Hire or Date Business Created

Occupation/Title

Employment: List in reverse chronological order. Include active military duty.

Employer Title/Responsibility From -To

Employer Title/Responsibility From -To

Employer Title/Responsibility From -To

Highest Level of Education (School Name & Date Completed)

**Wyoming Kentwood Leadership Development (WKLD) Program
2018**

Note: Please provide an updated resume, letter of recommendation from current employer if you are being sponsored by your current employer, and completed essay questions to this completed application.

Essay Responses Required

Please limit responses to a max 2 paragraphs. Attach separate document if more space is needed.

1. Describe a time when you had the opportunity to exercise your leadership skills. Include a description of your professional and/or community involvement.

2. What skills and qualities will you bring to the WKLD Program?

3. What leadership skills or characteristics do you hope to develop through participation in the WKLD Program?

**Wyoming Kentwood Leadership Development (WKLD) Program
2018**

4. Please explain why you would like to assume a leadership position and/or increase your influence.

5. What type of leadership positions or level of influence would you be most interested in becoming actively engaged in?

6. Why do you want to participate in the WKLD Program?

**Wyoming Kentwood Leadership Development (WKLD) Program
2018**

I understand the purpose of the WYOMING KENTWOOD LEADERSHIP DEVELOPMENT program and, if I am selected, I will devote the time and resources necessary to fully participate in the program. I know the program includes sessions on each of the following dates: Sept. 6, Sept. 20, Oct. 4, Oct. 18, Nov. 1, and Nov. 15 (6:00 pm – 8:30 pm). Sessions will be held at various locations within Wyoming & Kentwood. Even though emergencies do arise, full participation is expected for all sessions, projects and interim activities. I understand that I will be given opportunities to continue my personal development and/or represent my sponsor by getting involved as a committee member, or in a committee leadership role through the Chamber after the WKLD Program concludes. These activities will be chosen to fit within my abilities and scheduling. If it becomes necessary to take time off from work to participate in this program, I will obtain the proper approval and authorization prior to committing to this program.

Failure to comply with this policy will result in dismissal from the program and forfeiture of \$175.00 registration fee. If you and your employer (if applicable) are unable to make this commitment, it is not appropriate to apply.

Are you and your employer willing to make such a commitment?

Yes or No

Applicant's Signature Date

Have you previously applied to the WKLD Program?

Yes or No

To be filled only by Employer Sponsor:

This applicant has the approval and full support of this organization. Further, the applicant will receive the necessary accommodations to fulfill the time obligations required to fully participate in the program.

Employer/Sponsor Signature Date

Phone:

Email:

Preferred Method for employee feedback Phone or Email

Best time for Sponsor Feedback session (circle all available):

Monday - Tuesday - Wednesday - Thursday - Friday

Morning - Afternoon

***DEADLINE for application submission is August 17, 2018. All fees are due August 31st.
Attach resume, letter of recommendation, and completed essay questions to this completed application.***