

**2025-2026 Fairfield Leadership Application**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Business:** |  |
| **Business Address:** |  |
| **Phone\*:** |  |
| **Email\*:** |  |

***\*Please provide your best contact information for group project coordination during the course***

Cost per person: $650 | [ ]  Invoice My Employer­­­­

**Applications must be submitted via email in Word format (.doc or .docx) to cheryl@lancoc.org by Friday, Sept. 5 at 4 p.m.**

For questions and more information, contact:
Cheryl Barber, Member Services Director
 Lancaster Fairfield County Chamber of Commerce
cheryl@lancoc.org | 740-653-8251

***Please complete the biographic information on the next page***



**Bio Sheet - Please keep descriptions brief
Bios will be shared in each participant’s information binder**

|  |  |
| --- | --- |
| **First & Last Name:** |  |
| **Title & Business:** |  |
| **Hometown:** |  |
| **Highest Education Level:** |  |
| **Major (if applicable):** |  |
| **Achievements/Awards/Recognitions (If applicable):** |  |
| **THREE WORDS that best describe your personality:** |  |
| **My THREE greatest skills:** |  |
| **Favorite Local Restaurant:** |  |
| **Family Info:** |  |
| **Pets (if applicable):** |  |
| **Volunteerism/Charity/Non-Profit Work (if applicable):** |  |