LEADERSHIP
M E T R O C R E S T

CLASS 35 APPLICATION FOR ENROLLMENT

Date of Application _____

Full Name (First, Last) _____

Company _____ Title _____

Position/Responsibilities _____

Company Address _____

Direct Work Phone _____ Work E-Mail_____

Home Address _____

Cell Phone _____ Personal E-Mail _____

Birthday (mm/dd) _____ ☐ Male ☐ Female

Contact preference: Phone: ☐ Cell ☐ Work E-Mail: ☐ Personal ☐ Work

Do you have full support of your employer for the time required to participate in this program?
☐ YES ☐ NO

The tuition for the program is $1,200 for Chamber members (or individuals sponsored by Chamber members), and $1,400 for non-members (**Payment is due Sep. 1st. Applicants will be notified that they are in the class no later than Aug. 15th**).

Is your employer paying the tuition?
☐ YES ☐ NO

ALL APPLICATIONS DUE BY JULY 15th, 2025.
PLEASE INCLUDE RESUMÉ, BIO, HEADSHOT & 2 LETTERS OF RECOMMENDATION.

What specific leadership competencies do you hope to enhance through your participation in Leadership Metrocrest?

_____

_____

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_____

Do you currently volunteer with any organizations? If so, please state the name of the organization and your role/responsibilities.

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YOUR PERSPECTIVE

We see the challenges of tomorrow, and are building leaders to help ensure our community is prepared to grow and evolve. We want you to be part of the solution. We will continue this conversation throughout the course, and we appreciate your candid feedback.

What do you consider the three most significant challenges facing the Metrocrest area today?

1._____

_____

2._____

_____

3._____

_____

Choose one of the above challenges. In your perspective, how could our community address this area of need?

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How will your involvement in Leadership Metrocrest assist you in being part of the solution to the challenges described above?

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_____

It is my understanding the Leadership Metrocrest program is to be a learning experience and requires attendance at the monthly meetings. I also understand that I will be automatically dropped from the program if I miss more than 16 hours from the class.

Printed Name: _____

Signature: _____ Date: _____

Return application and all other required documents by email:
info@metrocrestchamber.com.

ALL APPLICATIONS DUE BY JULY 15th, 2025.
PLEASE INCLUDE RESUMÉ, BIO, HEADSHOT & 2 LETTERS OF
RECOMMENDATION.