

$2022\,Application\ ({\rm Confidential})$

Personal Data

First Name	Last Name	Middle Name	
Home Address	City	Zip Code	
Home Phone	Work Phone	Cell Phone	
Email Address			
Educational Background			
The following information will be used to ensure broad representation from throughout the community. Completion of this section of the application is optional.			
Date of Birth	Ethnic Group	Sex	
Employment Data			
Employer Name	Position/Title		
Employer Address	City	Zip Code	
Employer Phone	Supervisor's Name		

GeneralInformation

Employer's Signature	Date
Employer's Commitment This application has the approval of this organization and the apprequired to participate in the 2022 Leadership Columbus Programment	
Applicant's Signature	Date
Applicant's Commitment If selected as a participant in Leadership Columbus, I will composite sponsored by the program. I understand that attendance is required commitments and agree to be bound by them in the signing of the commitments and agree to be bound by them.	ired and tuition is non-refundable. I accept the above
Tuition If accepted into the Leadership Columbus Program, you or your Chamber members or \$500 for non-members. This fee covers graduation. No refunds will be provided for participants who discurriculum.	costs for the retreat, classroom sessions, lunches, and
Attendance Policy Attendance at all sessions including the opening retreat and other no more than one session to graduate; however the organization than one session, including the retreat will not graduate.	
Program Requirements	
Please describe any future leadership goals that you may h	ave.
Please explain what specific skills/knowledge you hope to	gain from your participation in the LC Program.
Please list community, civic, public offices, religious, socia involved.	l, or political organizations in which you are
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Applications are due by **November 1, 2021**If mailing, please send to Columbus Chamber, 601 South Madison St., Whiteville, NC 28472