

Do you want to be recognized
by the Community as a
Leader or a Follower ?

Apply now to attend
Leadership Great Falls Program

and become a
Leader of Influence!!

the great falls area
chamber
of commerce

Creating A Strong Local Economy

Promoting The Community

Networking Opportunities

Representing The Interest of Business Government



APPLICATION

Full Name

Name to appear on nametag

Business or Association Affiliation (if any)

Job Title

Name of Supervisor

Title

Business Mailing Address

City State Zip

Business Phone Fax

Email

Home Mailing Address

City State Zip

Home Phone

Cell Phone

Where should information be sent? Business

Home

Dietary restriction/preferences? _____

1. Describe your current job responsibilities.

2. List the major social, business and professional activities in which you have participated during the past five years. List any award or special recognition that you have received, and indicate for each activity the nature of your participation, including any offices that you have held.

3. List three major opportunities and three major challenges you see facing the Great Falls area.

Opportunities

Challenges

a.

a.

b.

b.

c.

c.

4. How do you think the Leadership Great Falls program can help you fulfill your own aspirations as a leader in our community?

5. Tuition for the LGF program is \$795 for Chamber members and \$895 for non-Chamber members. Tuition is non-refundable after the sessions have started. Typically, one or two partial scholarships are available.

Full tuition will be paid:

- by my employer I will need to apply for a partial scholarship
 by participant

6. References, list two persons who may be contacted to provide knowledge of your qualification as a Leadership Great Falls participant.

<i>Full Name and Title:</i>	<i>Business or home address:</i>	<i>Telephone Number:</i>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

7. How did you hear about the Leadership Great Falls program?

- Through my company Through Chamber correspondence
 From the media Through a club or organization
 From a friend LGF graduate (name and year attended) _____
 Other (please specify) _____

8. Please attach a resume or other statement of educational background and work experience.

9. What is your personal reflection on Leadership?

10. Please tell us what specific skills/knowledge you hope to gain from your Leadership Montana experience; and in return what contribution/gifts/talents/ you feel you could bring to the program?

11. **Leadership Great Falls is a two-year commitment.** The first year requires participation in **at least** one day per month from September through May, with **mandatory attendance at the Opening Retreat.** The second year will consist of assisting with the preparation and presentation of the LGF program for the following class. If more than two (2) full sessions are missed during the first year, you will not be awarded a certificate of graduation at the commencement ceremony. Your supervisor will be notified.

If selected, can you devote the required time to the program?

YES NO

APPLICANT SIGNATURE DATE

Applications must be returned to Great Falls Area Chamber of Commerce, Attn: Leadership Great Falls at PO Box 2127, Great Falls MT 59401. Questions, contact the Leadership Program Coordinator at 761-4434 ext. 108. **APPLICATION DEADLINE IS JULY 1, 2005.** Selection process will be completed by July 22 and applicants will be notified by July 29.

SECTION FOR EMPLOYER /SUPERVISOR (if applicable)

1. Do you have a selection system within your business/organization in deciding who will apply to attend Leadership Great Falls?

2. What factors into your selection of this applicant?

3. What is your expectation of this applicant for attending this program?

4. What is the company's expectation of this applicant by attending this program?

5. What is your expectation(s) of the program?

6. Would you like additional information on the program?

7. If applicable:
As an employer, I am aware of the costs and time commitment of our employee to the LGF program and will encourage our employee's active participation in the program.

EMPLOYER SIGNATURE

DATE

Thank You for your feedback on this applicant and the Leadership Great Falls Program.

A PROGRAM OF THE GREAT FALLS AREA CHAMBER OF COMMERCE

