

LEADERSHIP GREAT FALLS APPLICATION

App # ____

Leadership Great Falls (LGF) is an innovative program and requires a two-year commitment. During the first year you must commit to **at least** one day per month from September through May, in addition to the two-day mandatory LGF Retreat. If you miss more than two (2) full sessions due to illness or work-related responsibilities, you will have an opportunity to make up those sessions the following year and receive your certificate of completion. During the second year, as a Leadership Great Falls alumnus/alumna, you will be asked to Chair and/or assist with the preparation and implementation of at least two session days for the next LGF Class.

If selected, can you devote the required time of two (2) years to the program? YES NO

_____	_____
Full Name of Applicant	Name of Supervisor
_____	_____
Name to Appear on Name Tag	Business or Association Affiliation (if any)
_____	_____
Home Mailing Address	Business Mailing Address
_____	_____
City, State and Zip	City, State and Zip
_____	_____
Cell Phone	Business Phone
_____	_____
Applicant's E-mail Address	

Where information should be sent? <input type="checkbox"/> Home <input type="checkbox"/> Work	

Tuition for the LGF program is \$895 for Chamber Members and \$1095 for Non-Members, due and payable in full prior to July 12th. Tuition is non-refundable after the first session is completed. Limited partial scholarships are available for qualified applicants. For further information, please contact Lindsay Lalonde with the Great Falls Area Chamber of Commerce at 761-4434 or LLalonde@greatfallschamber.org

Full tuition will be paid:

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

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 an LGF graduate (name and year attended) From a friend
- Other (please specify) _____

X

APPLICANT'S SIGNATURE

DATE

In order for you to be considered for the Leadership Great Falls Program, this application must be completed in its entirety, signed and returned to:

The Great Falls Area Chamber of Commerce
Attn: Leadership Great Falls
100 1st Ave. North
Great Falls, MT 59401

For questions, please feel free to contact Lindsay Lalonde at 761-4434 or LLalonde@greatfallschamber.org. **APPLICATION DEADLINE IS JUNE 14, 2019.** You will be contacted by June 24, 2019 regarding your submission. Thank You.

PLEASE PROVIDE AN ATTACHED STATEMENT TO ANSWER THE FOLLOWING QUESTIONS:

1. What is your personal reflection of Leadership?

2. List the major business, professional, service, and social activities in which you have participated during the past five years.

3. Please list any awards or special recognition you have received due to your affiliations listed above.

4. List three major opportunities and three major challenges you see facing the Great Falls area. Explain how each is an opportunity or challenge.

Opportunities:	Challenges
a.	a.
b.	b.
c.	c.

5. Describe how you feel the LGF Program can assist you to become a better leader within our community.

6. Please describe your expectations relative to the Leadership Great Falls Program.

7. Please identify what contributions you can bring to the program.

SECTION FOR EMPLOYER /SUPERVISOR (Limit of 2 nominees per organization)

(NOTE: If self-employed or a small business, please answer the following questions in first person.)

1. How would participation in the LGF program by this nominee benefit your organization and/or our community?

2. What are your expectations relative to your employee participating in the Leadership Great Falls Program?

3. As an employer, your signature below indicates that you are aware of the cost and time commitment of your employee to the LGF program and will encourage your employee’s active participation in the program for the entire two-year commitment.

EMPLOYER’S SIGNATURE

DATE

PRINT NAME

