**Leadership Bartow Class XVII Confidential Application**

**Personal Information**

First: Click here to enter text. Middle Initial: Click here to enter text. Last: Click here to enter text.

Name for Leadership Badge: Click here to enter text. Married? Single? Choose an item.

Date of Birth: Click here to enter a date.

Home Address: Click here to enter text.

City : Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Home Phone: Click here to enter text. Cell: Click here to enter text.

Work Phone: Click here to enter text. Ext.: Click here to enter text.

Email Address *(for all Leadership communications)*: Click here to enter text.

Spouse’s Name: Click here to enter text.

Children’s Names & Ages*:* Click here to enter text.

Education: Choose an item.

**Employment Information**

Employer: Click here to enter text.

Employer Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Employer Phone: Click here to enter text. Website: Click here to enter text.

Position/Job Title: Click here to enter text. # Years: Click here to enter text.

Brief Job Description/Duties: Click here to enter text.

Previous Employer: Click here to enter text.

**Community Involvement**

Community/Civic Organizations: Click here to enter text.

Professional/Employer Organizations: Click here to enter text.

Awards/ Honors: Click here to enter text.

**Application Essays**

**All questions must be answered.**

1. How do you think the Leadership Bartow program can help you fulfill your aspirations as a community volunteer/leader in the Bartow community?

Click here to enter text.

1. What, in your opinion, are the three (3) most positive aspects of living in Bartow/Polk County? Why?

Click here to enter text.

1. If you had the opportunity to address the Selection Committee and describe yourself and why you should be selected for Leadership Bartow, what would you say?

Click here to enter text.

**Applicant Photo**

Please submit a photo(headshot only) via email to [jeff@bartowchamber.com](mailto:jeff@bartowchamber.com). Or you may paste one here.



**Application Agreement**

**(Applicant - please put your initial on each item)**

Click here to enter text. I understand the Leadership Bartow program is a 2-year commitment.

Click here to enter text. I understand I must earn a MINIMUM of 6 credits the first year and 5 credits the second year and attend all of the MANDATORY events. If not, I will not be able to graduate with my class.

MANDATORY events include: Year 1 Retreat, Year 2 Retreat, Graduation

Click here to enter text. I understand the annual tuition (whether paid by Employer or myself) of $995 is due by August 15 of each class year, and tuition is non-refundable and non-transferable.

Click here to enter text. I understand the Washington DC trip is NOT included in tuition and is approximately $1,000.

By signing this application, I agree to be bound by this commitment if I am selected for Leadership Bartow.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

*Signature will be required on this form at a later date, if you are selected for the program.*

**Employer Authorization**

I approve theparticipation of Click here to enter text. in the Leadership Bartow program. ***This applicant has the approval and full support of this organization, including the time required to successfully complete the Leadership Bartow program.***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click here to enter text.

*Signature will be required on this form at a later date, if your employee is selected for the program.*

TYPE Name: Click here to enter text.

Organization Name: Click here to enter text. Date: Click here to enter a date.

I agree to pay $ Click here to enter text. of the Leadership Bartow tuition for the above applicant if accepted. I understand the tuition is nonrefundable and nontransferable.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click here to enter text.

Signature will be required on this form at a later date, if your employee is selected for the program.

Organization Name: Click here to enter text. Date: Click here to enter a date.

**Scholarships**

Partial scholarships may be available. You will need to request and complete a Leadership Bartow Scholarship Form and return it with this application. Please contact the Chamber to request a scholarship form.

**Submit Application**

Submit electronic copy of completed application, essays, and photo to: [jeff@bartowchamber.com](mailto:jeff@bartowchamber.com)

**OR**

Submit original copy of completed application and essays to:

Greater Bartow Chamber of Commerce, 510 N. Broadway Ave., Bartow, FL 33830