

Junior Leadership

SALINA 2017

Application Form

A Program of the Salina Area Chamber of Commerce

(Please type or use black ink)

Date_____

Name_____

Age _____ Male _____ Female _____

Home Address _____ City, Zip _____

Phone _____

School _____

E-Mail _____

Parents/Guardians _____

List the extracurricular activities you are involved in at your school, church and community.

Organization

Leadership Position(s)

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EMPLOYMENT
(if applicable)

Present Employer _____ Date Began _____

Present Title or Responsibility _____

Hours of Work Per Week _____

The goal of **JUNIOR LEADERSHIP SALINA** is to provide information and education about the diversity of this community, its challenges, its resources and its concerns. What do you expect to gain from this program?

How do you see yourself using **JUNIOR LEADERSHIP SALINA** training to expand your future involvement in the community?

What are your future vocational plans?

How did you learn of this program? _____

Who recommended this program to you? _____

Tuition for the program is \$100.00. Each participant will be responsible for paying \$25. The remaining \$75 will be underwritten by the Salina Business Community and other interested persons.

I am completely aware of the time required for JUNIOR LEADERSHIP SALINA and I pledge my intention to attend each of these sessions. I understand that I must attend all of the events to graduate. I also understand that **two letters of recommendation are required with this application supporting my nomination and leadership potential. One of the letters must be written by someone other than a teacher or school administrator.**

Application Deadline January 12, 2017

I am aware of the commitment required by **JUNIOR LEADERSHIP SALINA** and will allow my son/daughter to participate.

Applicant's Signature

Parent's or Guardian's Signature

Return Applications to:
Salina Area Chamber of Commerce
120 W. Ash / PO Box 586
Salina, KS 67402-0586