



**Leadership Georgetown County
2009-2010 Application**

Application Requirements:

1) You are required to submit two letters of reference with your application*

*Only one of these letters may be from your place of employment. Letters should come from 2 different businesses.

2) Please type all information and use extra paper if necessary to complete questions.

3) Mail applications to: **Rosanne Davila**
 Georgetown County Chamber of Commerce
 P.O. Box 1776
 Georgetown, SC 29442

Name (Circle appropriate choice): Mr., Ms., Mrs., Dr. _____

Home Address: _____

Business: _____

Title: _____

Address: _____

E-mail Address: _____

Home # _____ Cell # _____ Work # _____

Length of residency in Georgetown County: _____ (Residency or employment in Georgetown County is required)

I. ESSAY

One of the goals of Leadership Georgetown County is to develop and train potential leaders to provide the community with an improved quality of future decision makers. Please type an essay on a separate sheet of paper covering each point identified below.

- A.** Explain what you hope to gain if selected to participate in Leadership Georgetown County.
- B.** Tell us what you could personally bring to the Leadership Georgetown County program.
- C.** Define your concept of leadership.

II. ACTIVITY DATA

A. Major volunteer role(s) at this time:

Organization: _____

Position: _____

Responsibilities: _____

B. Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic or other organizations of which you are or have been a member.

Organization

Dates of Membership

Official Position

C. How much time each month do you commit to community, civic, professional and other organizations and activities?

D. On what community boards, committees, or groups would you like to become active? Identify or explain what you would like to accomplish in those groups.

E. If you have previously not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community?

III. EMPLOYMENT

(Account for all significant employment)

Present Employer:

Date Began:

Present Title or Responsibility:

Since:

Previous Employment:

Employer

Responsibility

From – To

IV. EDUCATION

(Begin with high school, then college(s), business or trade schools and/or specialized training)

A. Name and City of School Dates (from-to) Degree Major

B. Special Awards, Honors, Prizes for Academic Performance

C. Extracurricular Activities and Special Honors or Awards for Leadership Activities

Have you previously applied for Leadership Georgetown County?

When?

TUITION

Tuition for the 2009-2010 Leadership Georgetown County program is \$850, which includes the first year Alumni Association fee. Cancellation after acceptance into program, but prior to retreat, results in forfeiture of 50% of tuition. No refund will be made if cancellation occurs during/after retreat. Full tuition, or payment according to the following plans, must be made before taking the Myers Briggs Assessment prior to retreat. Do not include tuition with this application.

Payment can be made by cash, check, or credit card. The following payment plans are offered:

1. Payment in full (\$850) by July 30, 2009
2. Two payments of \$425 each (one by July 30, and one due Jan. 1, 2010)
3. Nine monthly payments drafted from your bank account/credit card of \$94.44 each, plus a \$25 set up fee due with first payment.

Applicants for the Leadership Georgetown County program must have the support and commitment of their business. Even if sponsored by an organization other than their business, they must still have the support of their employer. Please indicate the name(s) of your employer and/or sponsor, as contact will be made to the person(s) for an endorsement as an indication of support for your participation in Leadership Georgetown County.

EMPLOYER: _____

Contact person: _____

Title: _____ **Phone:** _____

SPONSOR (if other than employer): _____

Contact person: _____

Title: _____ **Phone:** _____

CONTRACT: I understand that Leadership Georgetown County is a 9 month instructional program demanding my attendance at not less than 7 sessions to qualify for graduation. The out-of-town retreat in September is a required session. If selected to participate in the program, I agree to make all reasonable efforts to fulfill the requirements for graduation. I understand that on class session days I will not be allowed to utilize a cell phone/similar device (this includes during breaks), I will be required to dress in business casual attire (no jeans), and I will be required to wear my name tag at all LGC sessions. Non-adherence to these rules will result in fines that will be explained on the first class session day. I understand the purposes of the LEADERSHIP GEORGETOWN COUNTY program and, if I become a participant, will devote the time and energy necessary to make it a successful experience. I also understand that my submission of the application does not guarantee my acceptance into the program.

Signature of Applicant: _____ **Date:** _____

DEADLINE: ALL APPLICATIONS MUST BE RECEIVED BY JULY 1, 2009

**Georgetown County Chamber of Commerce
Attn: Rosanne Davila
PO Box 1776
Georgetown, SC 29442**

All applicants will be notified of confidential acceptance or non-acceptance no later than July 30, 2009. The LGC Selection Committee reserves the right to consider applications of candidates consistent with the bylaws thereof.

OPTIONAL INFORMATION:

Is your business a member of the Georgetown County Chamber of Commerce?

How did you become aware of the Leadership Georgetown County Program?

___ Friend ___ Business ___ LGC Alumni ___ Media ___ Other