



Lake Superior Leadership Academy

CONFIDENTIAL APPLICATION

Applicants Name: _____

Mission:

Lake Superior Leadership Academy is designed to bring together new, emerging and potential leaders from the Marquette County area to address pertinent community needs, strengthen individual leadership abilities and encourage participants to personally commit to assuming leadership roles in the community. Participants are selected on the basis of: demonstrate community involvement; present or potential leadership role in an organization relative to age and experience; ability and interest to complete the Lake Superior Leadership Academy program and to contribute to the Marquette County community in the future.



Name: _____
Last First Middle

Business Address: _____
Street City Zip

Residence Address: _____
Street City Zip

Business Phone: _____ Residence Phone: _____ Birth date: ____/____/____

Business Fax: _____ Email: _____

Years in Marquette County Area: _____

Education:

(List high school, college(s), business or trade schools and/or other specialized training.)

Name & City of School	From	To	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Awards, Honors, Prizes for Academic Performance:

Extracurricular Activities and Special Honors or Awards for Leadership Activities:

Employment:

(Account for all periods including military active duty.)

Present Employer: _____ Date Began: _____

Present Title or Responsibility: _____

Employer	Title or Responsibility	From	To	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many days per month does your work require you to be out of the city? _____

Do you have the full support of your employer for the time required to participate in the Academy: ___ yes ___ no

What do you consider your highest responsibility, skill or career achievement so far?

Organizations and Activities (Please list, in order of importance to you, up to four community, civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member.)

	Organization	Approximate Dates of Membership	Official Position Held
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____

What have you accomplished in these activities that you think is important?

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

APPLICANT'S STATEMENT (use additional pages)

- What are your reasons for desiring to participate in the Lake Superior Leadership Academy?
- How do you feel you can contribute to the program?
- What are the three greatest problems you perceive to be facing the Marquette County area today, and what are your recommendations for solutions?

If you have previously not had the time to become actively involved, what conditions have changed that now lead you to seek involvement in the community?

Attendance at a weekend Retreat in October, and eight day long sessions in October through May is mandatory. Are you and your employer willing to make such a commitment? _____ yes _____ no

Absenteeism may result in being dropped from the program. If you are unable to make a commitment, it is not in your best interest to apply at this time.

Tuition and Funding:

Tuition for the Academy is \$1,250 for Lake Superior Community Partnership members, \$1,450 for non-members. It is payable at the time of acceptance to the program. Please state how you would plan to pay your tuition (e.g., 50% sponsor – 50% personal.) Fee is non-refundable.

_____ % from _____ % from _____

Tuition scholarships are available. If you wish to apply for aid, state amount and your reasons for the request:

\$ _____, reason: _____

Tuition payment should be made payable to the Lake Superior Leadership Academy.

Applications should be sent to: **Lake Superior Leadership Academy, 501 S. Front Street. Marquette MI 49855**

All applications are subject to confidential evaluation. Since the program has a limited number of participants, if you are not selected for the current program, you are encouraged to apply again.

References:

➤ Name/Title: _____

Business Address: _____ Phone: _____

➤ Name/Title: _____

Business Address: _____ Phone: _____

➤ Name/Title: _____

Business Address: _____ Phone: _____

Signature

____/____/____
Date Submitted

Deadline for application: August 15th

For additional information, please contact the Lake Superior Leadership Academy.

**501 S. Front Street
Marquette, MI 49855
906-226-6591
lscp@marquette.org**