

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.

Deadline for application: August 24, 2016 For additional information, please contact the Lake Superior Leadership Academy. 501 S. Front Street, Marquette, MI 49855 -- 906-226-6591 -- lscp@marquette.org



Last		First	Midd	le
Business Address:				
	Street	City	Zip	
Residence Address: _				
	Street	City	Zip	
Business Phone:		Residence Phone: Birth date: _		Birth date://
Business Fax:		Email:		
Years in Marquette C	County Area:			
Education: (List high school, coll	ege(s), business (or trade schools and/or other	specialized training.)
Name & City of Scho	ol	From To	Degree	Major
	ol		Degree	Major
			Degree	Major
			Degree	Major
			Degree	Major
Name & City of Scho			Degree	Major
			Degree	Major
			Degree	Major
			Degree	Major

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 Responsibili	ity:				
Employer	Title or Responsibility	From	То	Reason for leaving	
	does your work require you t				
Nhat do you consider your	highest responsibility, skill o	career achi	evement so	o 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 1:	Approximate Dates of Membership	Official Position Held
2:		
3:		
4:		
What have you accomplished in the	ese activities that you think is impor	tant?

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 September, and nine day long sessions from September 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:

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	Business Address:		Phone:
>	Name/Title:		
	Business Address:		Phone:
≻	Name/Title:		
	Business Address:		Phone:
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Signatu	ire	Date Submitted	

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