

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader".

2024 - 2025 Program Application

Instructions: Type or print in black ink. Please complete each section fully limit answers to the space available. This application must be signed by both the applicant and the employer/sponsor. Applications are due on Friday July 19, 2024 either electronically or to the address listed at the end of this application.

Name:						
First		Middle	Last		Preferred	
Home Address_						
Home/Cell# _		/	Years	Years in Rockingham County		
Birthdate:			Female	Male		
Business Name	:					
Business Addre		t Office Box				
	Street / 1 os	t Office Box				
	City		Sta	ate	Zip Code	
Phone: ()	Ext.	Fax <u>: (</u>	()		
Company Posit	ion/Title:					
Length of time	there:					



EDUCATION

High School:	Year Graduated
College:	Year Graduated
Trade School:	Year Graduated
Other:	
	ONORS/AWARDS/RECOGNITION
	PAST COMMUNITY INVOLVEMENT ease include information for the past five years)



How much time each month do you typically commit to community, civic, professional and other organizations of a volunteer nature?
escribe a professional and non-professional situation where you took the lead to accomplish a tas
lame a characteristic that you believe every leader should possess.
Provide an example of failed leadership.
Select a person who has had a tremendous impact on you as a leader. Why and how did this person impact your life?



Are you a registered and active voter	? If not, please exp	plain why	
What are your chief hobbies and recre	eational interests?		
Why do you want to be in this program	m?		
Please list two (2) people who are kn			
Name:	Relationship:		
Address: Street Home or Cell:	City	State	Zip Code
Email Address:			
Name:	Relationship:		
Address:Street	City	State	
	210)		Zip Code
Home or Cell:	•	-	Zip Code



PROGRAM REQUIREMENTS

Participation in the Leadership Rockingham program requires significant time and commitment. Required sessions and activities include:

- -Opening Retreat September 11, 2023
- -Monthly Sessions 2nd Wednesday of the month October through April 8:30 to 4:30 (560 County Home Rd.)
- -Rockingham County Exploration Days
- -Graduation Ceremony—May 7th, 2024

Your successful completion of the program is contingent upon your <u>full attendance</u> and involvement in all of the above activities. If your schedule will not permit your complete participation, please delay your application until you can make a full commitment of time to this program.

I understand the purpose of the Leadership Rockingham program. if I am selected as a participant, I will pay my tuition by August 30th, 2024 and will devote the time as described to Leadership Rockingham.

	Applicant's Signature
	Applicant's E-Mail Address
	required to be a participant in the Leadership Rockingham program and
	e if selected into the program.
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TUITION

Tuition for participants is \$595. This amount covers all expenses including meals, program materials and retreats. Applicants will be notified by mail of their acceptance by August 2nd, 2024 and tuition is due on August 30th, 2024. (Do not include tuition with your application.)

Who will pay your tuition?				
Financial assistance may be	available. Please co	ontact Diane Sawyer	president@reidsvi	llechamber.org

This application must be completed and returned by Friday July 19th, 2024 either electronically or by mail to:

Leadership Rockingham c/o Diane Sawyer PO BOX 1020 Reidsville, NC 27323