

LEADERSHIP HANCOCK COUNTY APPLICATION FORM

Name _____ Nickname _____

Employer _____ Position / Title _____

Business Address _____

City _____ State ___ Zip _____

Fax Number _____ Business Number _____

Home Address _____

City _____ State ___ Zip _____

Home Number _____ Cell Number _____ Email Address _____

Financial Sponsor? ___ Yes ___ No If yes, please list: _____

If no to above, are you requesting a partial scholarship? ___ Yes ___ No (If yes, attach a letter explaining need.)

Number of years you have lived and/or worked in Hancock County? ____

EDUCATION – Include trade schools and other specialized training and/or education.

PROFESSIONAL/PERSONAL ACHIEVEMENT – List your highest responsibility/skill/career achievement:

COMMUNITY EXPERIENCE – List any current community services activities in which you are involved and the amount of time you spend on these projects each month.

EXPECTATIONS – If given the opportunity, what community service activities would you like to support?

What do you hope to gain from your participation in the Leadership Hancock County Program?

PARTICIPANT / EMPLOYER AGREEMENT – We agree to meet all of the requirements of this program.

Participant's Signature

Date

Immediate Supervisor's Signature

Date
