



# LEADERSHIP WESTMORELAND

## Class of 2025 Application

Applications are due by May 26, 2024  
Acceptance notification will occur on or before June 14, 2024.  
A \$500 non-refundable deposit is due by July 16, 2024  
Payment in full is due by August 6, 2024.

While the deposit is not refundable, the balance is refundable until August 15, 2024  
No refunds after August 15, 2024

### Participant Contact Information

Name \_\_\_\_\_ Name preferred for name tag \_\_\_\_\_  
Last First MI

Employer/Organization \_\_\_\_\_

Business Address \_\_\_\_\_  
Street # City Zip Code

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
Street # City Zip Code

Years living or working in the County:  0-11 months  1-4 yrs., 11 months  5-9 yrs., 11 months  10 yrs.+

### Education Background *(List college(s), business or trade schools or other specialized training.)*

School Name City, State Major Degree

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment

Present Employer \_\_\_\_\_ Date Began \_\_\_\_\_

Current Title/Responsibility \_\_\_\_\_ Since (date) \_\_\_\_\_

Previous Employment *(Past 10 years, beginning with present position)*

Employer Title/Responsibility From To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Professional and/or Personal Achievements *(What do you consider your highest achievement, responsibility or skill to date?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued on back)

**Community Involvement** (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	Position Held	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Briefly explain your interest in Leadership Westmoreland and what you hope to gain from your participation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list the names of two persons, other than your spouse/employer, who are knowledgeable about your leadership potential and/or community involvements and who may be contacted regarding your qualifications as a participant.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**Not for Profit Organizations**

Tuition Assistance Request Due to Financial Hardship (Maximum of two, \$500 scholarships available per class)

- I am not requesting tuition assistance.
- I am requesting tuition assistance due to financial hardship in the form of a \$500 scholarship from the Westmoreland County Chamber of Commerce. My essay is attached to this application.  Yes  No

**Candidate and Sponsor/Employer Agreement**

I agree to the participant requirements of Leadership Westmoreland.

\_\_\_\_\_  
Candidate's Signature \_\_\_\_\_  
Date

I support our candidate's participation in Leadership Westmoreland.

\_\_\_\_\_  
Sponsor/Employer's Signature \_\_\_\_\_  
Date

Attendance Policy: We take your commitment of time and financial resources seriously. Full participation in all monthly sessions is expected. Upon the second missed session, a meeting with the participant and their supervisor is arranged to discuss their commitment. A third miss is considered resignation.

Candidate and sponsor, please initial that you understand this policy. \_\_\_\_\_

Retreat Participation: The kick off retreat lays the foundation for the program. Therefore, attendance is required.

Candidate, please initial that you will attend the retreat scheduled for September 19-20, 2024. \_\_\_\_\_

**Return application form and financial assistance essay, if desired, to:  
Grace Markum, Leadership Westmoreland Facilitator, at leadership@westmorelandchamber.com.**