



# LEADERSHIP WESTMORELAND

## 2026 - 2027 APPLICATION

**Key Dates:**

**July 20** (Deadline) | **July 31** (Notify) | **August 14** (\$500 Deposit)  
**September 11** (Final Payment)

### Participant 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
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_____	_____	_____	_____
_____	_____	_____	_____

### Employment

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

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

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

Employer	Title/Responsibility	From	To
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_____	_____	_____	_____
_____	_____	_____	_____

### 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. _____	_____	_____

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 Education Foundation.  
My essay is attached to this application.  Yes  No

**Candidate and Sponsor/Employer Agreement**

**Attendance Policy:**

Full participation is required. Two absences will prompt a meeting with the participant and supervisor; a third absence will be considered resignation.

**Candidate & Supervisor Initials:** \_\_\_\_\_

**Retreat Participation:**

Attendance at the kickoff retreat (**September 17-18, 2026**) is required.

**Candidate & Supervisor Initials:** \_\_\_\_\_

**Supervisor Acknowledgement:**

The supervisor agrees to cover program costs and support the participant's attendance.

**Supervisor Initials:** \_\_\_\_\_

**Agreement:**

By signing below, **both** parties agree to these terms and commit to program requirements.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return the completed application form and financial assistance essay to:  
Maria A. LaVelle, Principal, LaVelle Consulting | Leadership Westmoreland Facilitator  
lavelleconsultingllc@gmail.com**