



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 |
|-------------|-------------|-------|--------|
|-------------|-------------|-------|--------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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?)*

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
leadership@westmorelandchamber.com**