

VII. REFERENCES

One letter of recommendation is required and should come from personal, professional or civic contacts. The letter is to be sent to the Leadership East KY office or emailed no later than March 15, 2010. Applications will not be considered without a letter of recommendation. In addition, please list 2 other possible references that we may contact:

Recommendations	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

VIII. EMPLOYER/SPONSOR COMMITMENT

If accepted into the LEADERSHIP EAST KENTUCKY program, you will be billed for the tuition fee of \$850 which covers all program costs, excluding lodging and transportation to and from session site. Tuition fee must be paid by May 3, 2010 and is not refundable.

If you need financial assistance, please call to request a scholarship application form. This will not be a part of the selection process, however, the completed form must be in by March 15, 2010.

EMPLOYER COMMITMENT

This applicant has the approval of this organization and our full support which includes the time required to participate in the program.

Firm

Signature _____ Title _____

IX. COMMITMENT

(To graduate from LEADERSHIP EAST KENTUCKY, a participant is expected to attend all sessions.)

I understand the purposes of the LEADERSHIP EAST KENTUCKY program and if I am selected I will devote the time and resources necessary to complete the program. The May session is mandatory (no exception will be made). Even though emergencies do arise, any participant missing more than one of the remaining sessions, for whatever reason, may be asked to withdraw from the program and no portion of the tuition shall be refunded. Arriving more than one hour late or leaving more than one hour early will be considered an absence. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature _____ Date _____

The goals of Leadership East Kentucky are to enable participants to:

- Enhance individual leadership skills
- Become more familiar with Eastern Kentucky
- Become part of a leadership network in the Region

RETURN APPLICATION TO:

Hindman Office

Post Office Box 105
370 Foxrun Ridge
Hindman, KY 41822
Phone/Fax: 606.785.0606
Cell 606.438.1100
Email: gayheart@tvscable.com



A program sponsored by:

Bell-Whitley Community Action Agency, Inc. • Big Sandy Area Community Action Program, Inc. • Daniel Boone Community Action Agency
Gateway Community Action • Harlan County Community Action Agency, Inc. • KCEOC Community Action Partnership
LKL Community Action Partnership • Middle Kentucky Community Action Partnership • Northeast Kentucky Community Action Commission

APPLICANT CHECKLIST

Recommendation Letter
Employer's Signature

OFFICE CHECKLIST

Recommendation Letter
Employer's Signature

DEADLINE: March 15, 2010

TENTATIVE DATES / SITES

MAY 13-14, 2010/Hindman/Hazard JULY 15, 2010/Morehead SEPTEMBER 16, 2010/Pikeville NOVEMBER 11, 2010/Inez
JUNE 17, 2010/Whitesburg AUGUST 12, 2010/Frankfort OCTOBER 14, 2010/Somerset DECEMBER 9, 2010/Jenny Wiley State Park

APPLICATION INSTRUCTIONS & SELECTION CRITERIA

Type or print in ink. **Please complete each section fully.** Limit answers to the space available. Application must be signed by both applicant and employer/sponsor and **received in our office no later than Monday, March 15, 2010.**

Participation in LEADERSHIP EAST KENTUCKY is a competitive process open to persons living or working in East Kentucky. Applicants **must have been living or working in the region for one year** and have the full support of the organization or corporation they represent. Participants will be chosen by the LEADERSHIP EAST KENTUCKY Selection Committee **based on the information on this application.** The Committee will be seeking representation from across the region and various interests, including business, education, the arts, religion, government, and community-based organizations.

Note: Application and additional information is available online at: leadershipeastkentucky.org

I. PERSONAL DATA

DATE _____

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

*Age _____ *Male _____ *Female _____ *Race _____ Place of Birth _____

First Name or Nickname Preferred for name tag _____

Home Address _____
Street P.O. Box City Zip Code

Company/Organization Name _____

Name of Contact Person In Your Office _____

Business Address _____
Street P.O. Box City Zip Code

County of Residence _____ County of Work _____

Bus. Phone _____ Fax _____ Home Phone _____

Email Address _____ Length of Residence in East Kentucky _____

Hobbies _____

If Married: Spouse's Name: _____ Number of Children _____

Names and ages: _____

Any Special Food Requirements? _____

*This information will assure class diversity.

