

APPLICATION for ENROLLMENT

Name: _____ Date: _____

Home Address: _____

Company: _____ Title: _____

Company Address: _____

T-Shirt Size: _____

Personal Phone: _____ Work Phone: _____

Email Address: _____

List clubs, organizations, activities, hobbies, and other interests:

Please tell us about your educational and employment background:

On a separate piece of paper or via email, please describe why you would like to participate in the Leadership Academy of South Mississippi County. In your summary, please list any goals you have set that this program could help you to achieve. osceolachamber@sbcglobal.net

PARTICIPANT EXPECTATIONS

- There will be a non-refundable tuition fee of \$400 per participant in the program. Exceptions are the discounted rate for three or more participants from one company. Participant tuition includes meals, snacks, materials, and program costs.
- The program will consist of four full-day sessions to be held the first Wednesday of each month (September through December) to begin at 9:00 a.m. and conclude at 3:30 p.m., but many have optional post-session tours that participants are encouraged to attend. It also includes a capitol tour and lunch at a biennial trip (odd years) to Little Rock for our Legislative Reception.
- Participants will be recognized and receive a certificate of completion at the earliest Chamber quarterly member luncheon following the final session.
- Each participant is expected to attend all sessions in the program. Arriving late, leaving early, or coming and going will be considered absence. More than one absence shall be considered adequate cause to be dropped from the program.
- In addition to the sessions, Academy participants are required to attend **ONE** of the following meetings: City Council (any South Mississippi County town), Mississippi County Quorum Court, and/or School Board (Manila, Osceola, and Rivercrest) and **FOUR HOURS OF COMMUNITY SERVICE IN THEIR HOMETOWN**

I verify that the above information is accurate and true to the best of my knowledge, and that I have read and understand the participant expectations.

Participant Signature

Date

I verify that the applicant is an employee of my business, I understand the program requirements, and I support their participation in the Leadership Academy.

Employer Signature

Date

Payment for tuition is: Enclosed (check) Please bill company Please bill home

I wish to pay with a credit card or cash (please do so in person at the Osceola/SMC Chamber office, 116 N Maple, Osceola AR)

Osceola/SMC Chamber of Commerce
PO Box 174
Osceola, AR 72370

Leadership Academy

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