



leadership sheboygan

APPLICATION FORM

Due July 15, 2022

The Leadership Sheboygan County Class of 2022-2023 is limited to 25 participants. The most important factor in selection is identifying those individuals most apt to utilize their leadership for the long-term benefit of the community. We strive to select a cross-section of participants from all sectors of the community.

COMMITMENT

If selected as a Leadership Sheboygan County participant, I understand I am to commit myself to actively participating throughout the program and continued involvement in the community upon graduation.

The time commitment is nine full-day sessions plus graduation day. All sessions meet on the third Thursday of the month, August-May.

August 18 and September 15 are REQUIRED dates. Missing more than one session during the program will result in the participant NOT graduating. Attending full days without tardiness and/or leaving early is expected.

COMMUNITY PROJECTS

In addition to the monthly sessions, there will also be a group project, volunteer time, job shadows, and additional homework as assigned throughout the program outside of the sessions.

TUITION

Leadership Sheboygan County tuition is \$1,200.00 and includes all session fees, materials, meals, and group transportation. Tuition is non-refundable after August 4, 2022.

SCHOLARSHIPS

Partial scholarships may be available based on need. If accepted, do you wish to apply for assistance? Additional information will be required.

Yes _____ No _____

SUBMIT BY
JULY 15, 2022

Sheboygan County Chamber

assist@sheboygan.org

Phone: 920-457-9491

DID YOU ATTACH?

1. Application
2. Letter of recommendation



Continued>

PLEASE FILL OUT THE FORM BELOW AND SUBMIT A LETTER OF RECOMMENDATION.

Name: _____ Preferred Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Bus. Phone: _____ Personal Phone: _____

Preferred Email: _____

#Years in Your Career: _____ #Years in Sheboygan County: _____

If new to the area, from where did you move? _____

Authorizing Supervisor Name, Title: _____

Supervisor Email: _____

Dietary Restrictions (for meal planning purposes): Yes _____ No _____

REFERENCES

Submit a letter of recommendation from one individual (other than supervisor or spouse) who has knowledge of your career and personal aspirations and knows you well. Please submit the letter with this application.

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PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Tell us about yourself...(work history, accomplishments, other affiliations).

2. What does leadership mean to you?

3. Share an issue facing our community. If you had the power, how would you attempt to solve the issue?

4. Name one thing you wish we had in Sheboygan County and why.

5. Based on the Mission statement, what do you hope to gain from **Leadership Sheboygan County**?

APPLICANT SIGNATURE (PLEASE TYPE YOUR NAME)

_____ Date: _____

For Chamber Use: Date Application Received Date: _____

