



Please complete application by September 30, 2011 and submit to:

Glenda Roberts
 Leadership Delaware
 SUNY Delhi, 121 Bush Hall
 Delhi, New York 13753

Applicant Information		
Name:	Mr. _____ Mrs. _____ Ms. _____	
Current Home Address:		
City:	State:	Zip Code:
Home Phone: ()	Cell: ()	
E-Mail (Work)	Email (Home)	
How many years residing in Delaware County:		
Current Employer:		
Employer Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Title:	# of years employed?	Supervisor:
Briefly describe your present job responsibilities:		
Please list three previous positions of employment beginning with the most recent (not including present employment)		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		

Education			
Colleges Attended (Graduate/ Undergraduate/ Specialized Training Programs)			
Name of School:			
Address:			
Years attended:	From	To	Degree:
Major:			
Name of School:			
Address:			
Years attended:	From	To	Degree:
Major:			
Name of School:			
Address:			
Years attended:	From	To	Degree:
Major:			
High School			
Name of School:			
Address:			
Years attended:	From	To	Degree:
Major:			
Additional Education Information			

Background Information

What do you consider your most significant contribution or achievement related to your professional work?

Please list any past or present community service involvement (if any):

Organization:

Position: _____ **Date of Service: From:** _____ **To:** _____

Description of responsibilities:

Organization:

Position: _____ **Date of Service: From:** _____ **To:** _____

Description of responsibilities:

Organization:

Position: _____ **Date of Service: From:** _____ **To:** _____

Description of responsibilities:

Organization:

Position: _____ **Date of Service: From:** _____ **To:** _____

Description of responsibilities:

Organization:

Position: _____ **Date of Service: From:** _____ **To:** _____

Description of responsibilities:

Program Fee

**The Leadership Delaware fee is \$595.00.
Payment may be made in three installments (\$195 due by start of program,
\$200 due by December 1st, and \$200 due by March 1st)
Please indicate method of payment below:**

My Sponsor will pay the program fee _____	I will pay the program fee _____
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My Sponsor and I will share The program fee _____	I will require scholarship assistance _____
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Comments:

References

List three people who can be contacted regarding your qualifications to participate in the Leadership Delaware Program. (Pease do not list relatives.)

Name:	Title:
Organization:	Relationship:
Contact Phone: ()	E-mail:

Name:	Title:
Organization:	Relationship:
Contact Phone: ()	E-mail:

Name:	Title:
Organization:	Relationship:
Contact Phone: ()	E-mail:

Commitment Guidelines

To graduate from Leadership Delaware, the participant is required to attend curriculum sessions once a month for a full day, and complete all program related assignments. See attached schedule for exact dates and curriculum outline.

Statement of Commitment

My employer and I understand the purposes of Leadership Delaware, and if I am selected, we will commit to my attending the orientation, each monthly session, and graduation. As participants in this agreement, we fully understand that should more than TWO sessions be missed, the candidate may be dismissed from the program with no portion of tuition refunded. We also understand that candidate will be required to work on an individual and /or group project in addition to attending each monthly session. We further understand that this is a competitive selection process, and due to the limit on the number of students admitted to the program, not all applicants will be accepted.

We, the undersigned, fully understand and agree to the above commitments.

Signature of Candidate: _____ Date: _____

Signature of Employer: _____ Date: _____

Print Name: _____

Title: _____

Organization: _____

Signature of Sponsor: _____ Date: _____

Print Name: _____

Title: _____

Organization: _____

Address: _____

- *Application not valid without signature of employer and/or financial sponsor.*