



**Emerging Leaders Development (ELD) Program
Scholarship Recipient**

Final Report

Name: _____ Date: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Fax Number: _____

Business and Title: _____

Educational / Military Background: _____

Ethnicity/Cultural Heritage: _____

Hobbies / Interests: _____

Family / Personal: _____

Age: _____ Gender (M or F): _____

Program(s) participated in: Year Completed:

	(CSLI) Colorado Springs Leadership Institute	
	(CCL / CLP) Center for Creative Leadership	
	(LPP) Leadership Pikes Peak	
	(LP) Leadership Pueblo	

How long have you lived in the Colorado Springs Area (If Applicable): _____

How long have you lived in the Pueblo Area (If Applicable): _____

How did you become involved in the Emerging Leaders Program? _____



4. Please explain the extent to which the community leadership development program increased your ability to “find the leader within” and build a broad – based community network?

5. As an El Pomar scholarship recipient please reconfirm your commitment to serve on the ELD Advisory Council for the next three years and to be a mentor to future scholarship recipients.

Please return form to:
Theophilus D. Gregory
tgregory@elpomar.org
El Pomar Foundation
10 Lake Circle
Colorado Springs, CO 80906
(719) 577-7081
Fax: (719) 577-7037