



P.O. Box 166, Springdale, Arkansas 72765

Confidential Application for Appointment

Instructions

Type or print in black ink. Please complete each section fully. Limit answers to the space available. Applicants must be a member of the Springdale Chamber of Commerce. Application must be signed by both the applicant and employer/sponsor (if applicable) and returned.

Selection Criteria

Participation in LEADERSHIP SPRINGDALE is open to persons twenty-five years of age or older who live and/or work in the Springdale area. Because the number of appointments to LEADERSHIP SPRINGDALE is limited, applicants who are not selected are encouraged to re-apply in subsequent years.

Participants will be chosen by the LEADERSHIP SPRINGDALE Selection Committee based upon the information submitted in this application. The Committee will be seeking leaders and potential leaders from a cross-section of the community and will select individuals who are active in either business, education, the arts, religion, government, community-based organizations or multi-cultural groups. In reviewing the applications, the Selection Committee will look for potential participants who demonstrate the following criteria:

- commitment and motivation to serve the Springdale area;
- policy shaping responsibility or position of leadership in employment and/or volunteer organizations resulting in the potential to have significant influence on important issues facing the community; and
- ability to make the time and resource commitment required by the program.

Applicants must have the full support of the people around them (business, organization, family, etc.). Individuals may nominate themselves.

Attendance at the orientation session, monthly meetings and the graduation banquet is mandatory. Participants are required to attend at least one meeting of the Springdale School Board and the Springdale City Council. Class members are also required to take an active role in the Chamber of Commerce's activities by attending one Board meeting and two committee meetings. Those who fail to meet these requirements will be asked to withdraw from the program with no refund of tuition.

III. EMPLOYMENT

Present Employer: _____ Service Date: _____

Type of Organization: _____

Title or Responsibility: _____ Since: _____

A. Briefly describe the responsibilities of your employment.

B. List previous employment in reverse chronological order. (Include active military duty.)

<u>Employer</u>	<u>Title/Responsibility</u>	<u>From-To</u>	<u>Reason for Leaving</u>
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C. What do you consider your highest career achievement to date?

D. Business/Professional Affiliations (Do not include civic organizations, public office or political activities.)

<u>Name of Group</u>	<u>Position Held or Assignments</u>	<u>Period of Affiliation</u>
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VI. COMMITMENT

To graduate from LEADERSHIP SPRINGDALE, a participant is required to attend all 10 sessions. The orientation meeting will be scheduled for late August or early September. All other classes will meet on the second Thursday of each month from September through May. The following topics will be covered in the course.

Orientation
Leadership Training
Business & Economic Development
Diversity
Education

State Government (This will be overnight)
Health Care & Human Services
History of Springdale & Quality of Life
City & County Government

If accepted into the LEADERSHIP SPRINGDALE program, you or your employer/sponsor will be billed \$1,195.00 for the tuition fee which covers all program costs. **Application and tuition will be due by July 12, 2019.**

Will your employer/sponsor pay the tuition fee? Yes ___ No ___

Will you pay the tuition fee? Yes ___ No ___

Will you need financial assistance to participate in the program? Yes ___ No ___

If you marked YES to the question regarding financial assistance, and if you are selected, a representative of LEADERSHIP SPRINGDALE will contact you to make arrangements. Partial scholarship funds are limited. Therefore, you are encouraged to seek a sponsor if your employer is not paying the tuition.

I understand the purpose of the LEADERSHIP SPRINGDALE program, and if I am selected, I will devote the time and resources necessary to complete the program. Furthermore, even though emergencies do arise, I understand if I miss more than one session, for whatever reason, I will be asked to withdraw from the program and no portion of the tuition will be refunded. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature

Date

VII. EMPLOYER COMMITMENT (if applicable)

This applicant has the approval of this organization to participate in the LEADERSHIP SPRINGDALE program and has our full support which includes the time required to participate in the program. I understand that this commitment involves the participant's mandatory attendance at monthly meetings during the next ten months.

Organization

Signature

Date

All applications should be mailed to:

**Leadership Springdale
P.O. Box 166
Springdale, AR 72765**

Be sure to include the following:

_____ Application signed by applicant and employer/sponsor

_____ Two letters of reference

All applicants are subject to confidential evaluation. If you are not
Selected to participate, we encourage you to re-apply next year.