



LEADERSHIP HARNETT

<http://www.leadershipharnett.com/>

A cooperative effort of Campbell University, and the Angier,
Coats, Dunn, Erwin and Lillington Chambers of Commerce.

CONFIDENTIAL APPLICATION

INSTRUCTIONS

Type or print in black ink. Please complete each section fully. Limit answers to the space provided. Application must be signed by both applicant and employer (where applicable) and returned no later than **January 29, 2010**.

SELECTION CRITERIA

Participation in Leadership Harnett is open to persons living in the Harnett County area.

Participants in Leadership Harnett will be selected by the Selection Committee based upon the information provided in this application. The Committee will seek representation from a cross section of the community to include persons active in the areas of business, education, the arts, religion, government, community-based organizations, ethnic and minority groups.

ATTENDANCE POLICY

Applicants must have the full support of the organization or business they represent. Attendance at Kickoff and monthly sessions is mandatory. Only one session absence due to extenuating circumstances (i.e. sickness, death in family) may be excused. **Business conflicts are not considered extenuating circumstances.** No refund of tuition will be made for participants who drop out of the program. No one will graduate from Leadership Harnett without fulfilling attendance requirements.

SUBMITTAL OF APPLICATION

A completed application should be sent to:

Leadership Harnett Selection Committee
P.O. Box 507
Lillington, NC 27546

Deadline for receipt of applications is January 29, 2010

2010 Leadership Harnett Confidential Application

I. PERSONAL DATA

Full Name _____ Name for Name Tag: _____

Home Address

_____ Street or PO Box City, State Zip

Home Telephone () _____ Cell Phone () _____

Email (where you would like correspondence for the program sent): _____

Length of Residence in the Harnett County Area _____

Gender* _____ Race* _____ Date & Place of Birth* _____
(*Optional information that is helpful in assuring a diverse class.)

Have you ever participated in another state or community leadership program? _____

If yes, name of program(s) & location: _____ When: _____

Do you have any physical disabilities, food allergies or dietary restrictions of which you believe we should be aware? If so, please describe.

II. EDUCATION

Name/Location of School Years To-From Degree Major

High School _____

College _____

Graduate _____

III. EMPLOYMENT

Current Employer _____ Since _____

Supervisor approving your participation in Leadership Harnett:

Business Mailing Address _____

_____ Street or PO Box City, State Zip

Business Telephone () _____ Fax () _____

Type of Organization/Business _____

Briefly describe your title and responsibilities in your employment:

What do you consider your most significant career achievement to date?

Business and Professional Affiliations (other than civic organizations and political activities):

<u>Name of Group</u>	<u>Position/Assignments</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. COMMUNITY INVOLVEMENT

List community, civic, religious, political, government, social, athletic, or other activities. Do not include business and professional activities.

Organization _____ Dates: _____

Position/Assignment _____

Organization _____ Dates: _____

Position/Assignment _____

(Others may be listed as an addendum to this application, if you wish.)

What do you consider your most important accomplishment to date in the Harnett County community?

V. GENERAL INFORMATION – (This information will be used to plan the 2010 Community Sessions)

Describe what you believe to be the three most significant challenges facing the Harnett County.

Describe what you believe to be the three most notable opportunities for the Harnett County area.

What skills and knowledge do you hope to gain from participating in Leadership Harnett?

VI. Commitment

To graduate from Leadership Harnett, you must attend the Kickoff and community sessions. You are only allowed one excused absence.

I understand the purpose of the Leadership Harnett program and will devote the time and resources necessary to complete the program. I understand the attendance policy as shown on the cover sheet of this application and, in signing this application, agree to be bound by such.

Participants must commit to the following dates:

March 24, 2010: Session I	July 28, 2010: Session V
April 28, 2010: Session II	August 25, 2010: Session VI
May 26, 2010: Session III	September 22, 2010: VII
June 23, 2010: Session IV	October 25, 2010: Graduation (6:00 p.m.)

Applicant Signature _____ Date _____

EMPLOYER COMMITMENT (if applicable)

This application has the approval of this organization and the applicant has our full support, which includes the time required to participate in the program.

Organization or Firm _____

Signature _____ Title _____

TUITION

The cost of participation in LEADERSHIP HARNETT is \$300, which covers all program costs including meals, materials and graduation exercises. Upon acceptance into the program, either you or your employer will be billed for the tuition which must be paid prior to the beginning of the program.

SCHOLARSHIPS

Leadership Harnett understands that some candidates may not be able to take advantage of this leadership experience without tuition assistance. To enable participation from all sectors, limited scholarship assistance is available. Please note below your need for tuition assistance, if any.

_____ I do not need scholarship assistance. _____ I need scholarship assistance in the amount of \$_____.

Please send tuition bill to: _____ Applicant _____ Applicant's Employer

T-shirt Size _____

Send application to:
LEADERSHIP HARNETT
Post Office Box 507
Lillington, NC 27546
(910) 814-6008/(910) 814-8261 Fax

Application Deadline:
January 29, 2010