

CONFIDENTIAL APPLICATION

Congratulations! By completing this application, you're taking a giant step toward strengthening the Central New York Community.

INSTRUCTIONS

- ★ Application should be typed, printed or completed online at www.leadsyr.org.
- ★ Please limit answers to the space provided. Candidate and his/her financial sponsor and/or employer **must sign** the application.
- * Application must be accompanied by a \$30.00 non-refundable fee and received at the Leadership Greater Syracuse Office, 5703 Enterprise Parkway, Suite C, East Syracuse, NY 13057, by 5:00 p.m. on August 31st. If application is received by August 17th, the \$30.00 application fee will be waived.

CRITERIA

Leadership Greater Syracuse seeks individuals who

- have demonstrated a potential for community leadership and a sincere commitment, motivation and interest to serve the Greater Syracuse community;
- have a genuine concern for the future of Central New York and a strong desire to be personally involved in shaping it;
- show potential for advancement to top leadership positions within their own organizations, which may result in significant influence over important issues facing the community;
- have the time to complete the Leadership Greater Syracuse program and the full support of the organizations they represent; and,
- intend, upon completion of the program, to seek roles on community boards or commissions, key volunteer leadership positions, or public office and to participate in Leadership Greater Syracuse alumni activities and opportunities.

APPLICANT INFORMATION						
Last Name	First Name		M.I.	Nickname		
Home Street Address			Home E-mail	·		
Home City	Home State	Home ZIP		Home Phone		
Bus/Org Name			Bus/Org Email			
Bus/Org Street Address			Business/Or Phone	g		
Bus/Org City	Bus/Org State	Bus/Org ZIP		Bus/Org Fax		
Where do you prefer to have your LGS materials sent? Home ☐ Work ☐ C	Cell Phone			umber of Years yracuse Area	in Greater	
How did you learn about Leadership Greater Syracuse? (F ☐ LGS Website ☐ Newspaper	lease be specific.)] Co-worker/Employ	er				
☐ Presentation/Event at	☐ LGS Gradu	ıate(s) – Name:				
☐ Other						
PERSONAL BACKGROUND Completing this section the diversity of the class.	n is optional; how	ever, LGS uses th	nis informat	tion solely for t	the purpose of ensu	ıring
Age < 19 ☐ 20-24 ☐ 25-34 ☐ 35-44 ☐	45-54 🗍 5	55+ 🗌	Gender	Male 🗌	Female	
Race White Black/African American American American Indian, Alaska Native Hispanic	Asian 🗌 or Latino 🔲	Native Hawaiian, C				
Do you need any special accommodations? Yes	No ☐ If yes,	please describe				

EMPLOYMENT Employment is not a r	equirement fo	r acceptance into	the LGS program.					
Which of the following categories best describes your current employment/occupation?								
☐ Business/Industry ☐ Clergy ☐ Education ☐ Government ☐ Healthcare ☐ Law ☐ Media ☐ Non-Profit ☐ Self-Employed								
☐ Other:								
Current job title:								
Describe your current job responsibilities.								
bescribe your current job responsibilities.								
What do you consider your most significant professional contribution or achievement in the past 5 years?								
List previous 3 positions held during the pas	t 5-10 years be	ginning with your cu	rrent or most recent em	ployer:				
<u>Employer</u>		I	itle/Responsibility		<u>Dates</u>			
		-						
		-						
List <u>business</u> or <u>professional</u> organizations in	which you hav	e heen active. (Do	not include civic organiza	ations public office of	r political activity)			
List <u>business</u> or <u>proressional</u> organizations in	i wilicii you ilav	e been delive. (bo	not include civic organize	duons, public office of	Political activity.)			
EDUCATION								
Level of Education – Please indicate high	est degree obtai	ned:						
High School ☐ Associate's ☐	Bachelor's	Master's	Doctorate	Other 🗌				
LIST, BEGINNING WITH MOST RECENT - H	IGH SCHOOL, C	OLLEGE(S), ADVANC	CED DEGREES, AND SPEC	CIALIZED TRAINING	WHERE APPLICABLE.			
Name of School	<u>Cit</u>	y/State	From - To	Degree/Ma	jor Completed?			
					YES NO			
			=	-	YES 🗌 NO 🗌			
			=	-	YES 🗌 NO 🗌			
					YES 🗌 NO 🗌			
					YES 🗌 NO 🗌			
COMMUNITY INVOLVEMENT								
Please list, in order of importance to you, and Syracuse area, of which you are, or have be				zations, either inside	or outside the Greater			
<u>Organization</u>		<u> </u>	sponsibility	From	To Hours Per Month			
<u>Organization</u>		ille/Re	SPOHSIDIILLY	From -	10uis Per Month			
<u> </u>					<u> </u>			
								

COMMUNITY INVOLVEMENT		
Which of your current community service roles is most satisf	ying to you?	
Organization	Position	
Why?	1	
What do you consider to be your most important commu	nity service accomplishment to date and why?	
		_
What kinds of community consists activities do you anticipate	undertaking in the future?	
What kinds of community service activities do you anticipate	undertaking in the future?	
		_
SPECIAL HONORS, AWARDS OR RECOGNITION	List any special honors or awards you have received.	
Name of Award	Type of Award	Year Received
GENERAL INFORMATION	and daughin Country Country 2	
Why do you think you should be selected to participate in Le	eadersnip Greater Syracuse?	
		_
		_
What do you hope to gain from your participation in Leaders	ship Greater Syracuse?	
-		
List one major problem OR significant opportunity facing the would make to address this issue?	Greater Syracuse Area now and in the next decade and list the	specific recommendations you
would make to address this issue:		
		_

readings, or research prior to program days to enhance the learning experience. Participants are also required to assist in planning program days.
TUTION
Tuition is \$3,500; however, if paid in full by December 31st, tuition will be discounted to \$3,300. Forms of payment: company check, personal check or Visa/MasterCard/Discover.
Partial scholarships and need-based tuition assistance is available upon request.
NEED-BASED TUITION ASSISTANCE
☐ I would like to be considered for partial tuition assistance. Please state the minimum amount of tuition assistance requested (\$
*ATTACH A SINGLE SHEET OF PAPER DETAILING YOUR REASONS FOR NEEDING TUITION ASSISTANCE. TUITION REQUESTS WILL NOT BE CONSIDERED WITHOUT THIS STATEMENT.
SIGNATURES
ALL THREE SIGNATURES ARE REQUIRED (Candidate, Financial & Employer).
CANDIDATE I understand the goals and commitments of Leadership Greater Syracuse. If selected, I will attend all the sessions/ functions, design team meetings, class days, etc., sponsored by Leadership Greater Syracuse and devote the time necessary to be a contributing member of the class. I understand that if I fail to meet these obligations, I will be asked to withdraw from the program.
☐ I am responsible for the \$3,500 tuition fee. ☐ My employer/sponsor is responsible for tuition (obtain signature below).
FINANCIAL I agree to pay the Leadership Greater Syracuse tuition of \$3,500 for the above applicant, if accepted. I understand tuition is non-refundable, and will be discounted to \$3,300 if paid in full prior to December 31 st .
Financial Signature (self or other) Print Name/Title/Organization
EMPLOYER I agree to allow my employee, if accepted, to devote the time necessary to be an active member of the Leadership Greater Syracuse class.

The time commitment is a two-day overnight opening retreat, which may overlap workdays. The program also includes ten all-day program sessions which are held on weekdays. Participation is mandatory and no more than 16 hours of excused absences will be allowed. Participants who fail to fulfill this attendance obligation will be asked to withdraw from the program. Occasionally, participants will be required to perform pre-class assignments,

COMMITMENT & ATTENDANCE

Employer Signature

Thank you for applying to the Leadership Greater Syracuse Class!

Print Name/Title/Organization

Once your application is received, you will be contacted to schedule an interview. Interviews will be conducted in September/October. Final selection will take place in November, which you will be notified at that time of your selection by mail for the LGS Class.