



## 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.leadsvr.org](http://www.leadsvr.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 September 2<sup>nd</sup>**. If application is received **by August 15<sup>th</sup>**, 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/Org Phone  |          |
| Bus/Org City   | Bus/Org State | Bus/Org ZIP |  | Bus/Org Fax   |          |
| Where do you prefer to have your LGS materials sent? Home <input type="checkbox"/> Work <input type="checkbox"/>   |               | Cell Phone  |  | Number of Years in Greater Syracuse Area                                    |          |
| How did you learn about Leadership Greater Syracuse? (Please be specific.)   |               |             |  |   |          |
| <input type="checkbox"/> LGS Website <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Co-worker/Employer _____<br><input type="checkbox"/> Presentation/Event at _____ <input type="checkbox"/> LGS Graduate(s) – Name: _____<br><input type="checkbox"/> Other _____   |               |             |  |   |          |
| <b>PERSONAL BACKGROUND</b> Completing this section is optional; however, LGS uses this information solely for the purpose of ensuring the diversity of the class.  |               |             |  |   |          |
| <b>Age</b> < 19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55+ <input type="checkbox"/>  |               |             |  | <b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/> |          |
| <b>Race</b> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian, Other Pacific Islander <input type="checkbox"/><br>American Indian, Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> _____ |               |             |  |   |          |
| Do you need any special accommodations?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe _____  |               |             |  |   |          |

**EMPLOYMENT** Employment is not a requirement for 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.

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What do you consider your most significant professional contribution or achievement in the past 5 years?

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List previous 3 positions held during the past 5-10 years beginning with your current or most recent employer:

| <u>Employer</u> | <u>Title/Responsibility</u> | <u>Dates</u> |
|-----------------|-----------------------------|--------------|
| _____           | _____                       | _____        |
| _____           | _____                       | _____        |
| _____           | _____                       | _____        |

List business or professional organizations in which you have been active. (Do not include civic organizations, public office or political activity.)

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**EDUCATION****Level of Education** – Please indicate highest degree obtained:High School ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Other ☐ \_\_\_\_\_

LIST, BEGINNING WITH MOST RECENT - HIGH SCHOOL, COLLEGE(S), ADVANCED DEGREES, AND SPECIALIZED TRAINING WHERE APPLICABLE.

| <u>Name of School</u> | <u>City/State</u> | <u>From - To</u> | <u>Degree/Major</u> | <u>Completed?</u>  |
|-----------------------|-------------------|------------------|---------------------|--|
| _____                 | _____             | _____            | _____               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____                 | _____             | _____            | _____               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____                 | _____             | _____            | _____               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____                 | _____             | _____            | _____               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____                 | _____             | _____            | _____               | YES <input type="checkbox"/> NO <input type="checkbox"/> |

**COMMUNITY INVOLVEMENT**

Please list, in order of importance to you, any civic, religious, community, athletic, social or other organizations, either inside or outside the Greater Syracuse area, of which you are, or have been a member. Please note any leadership positions held.

| <u>Organization</u> | <u>Title/Responsibility</u> | <u>From - To</u> | <u>Hours Per Month</u> |
|---------------------|-----------------------------|------------------|------------------------|
| _____               | _____                       | _____            | _____                  |
| _____               | _____                       | _____            | _____                  |
| _____               | _____                       | _____            | _____                  |
| _____               | _____                       | _____            | _____                  |
| _____               | _____                       | _____            | _____                  |

## COMMUNITY INVOLVEMENT

Which of your current community service roles is most satisfying to you?

Organization

Position

Why?

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What do you consider to be your **most important community service** accomplishment to date and why?

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What kinds of community service activities do you anticipate undertaking in the future?

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## SPECIAL HONORS, AWARDS OR RECOGNITION List any special honors or awards you have received.

Name of Award

Type of Award

Year Received

|       |       |       |
|-------|-------|-------|
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| <hr/> | <hr/> | <hr/> |
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## GENERAL INFORMATION

Why do you think **you** should be selected to participate in Leadership Greater Syracuse?

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What do you hope to gain from your participation in Leadership Greater Syracuse?

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List one major problem OR significant opportunity facing the Greater Syracuse Area now and in the next decade and list the specific recommendations you would make to address this issue?

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## COMMITMENT & ATTENDANCE

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, 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 \$3,750; however, if paid in full by December 31<sup>st</sup>, tuition will be discounted to \$3,550.** 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.

\_\_\_\_\_  
**Candidate Signature**

- ☐ I am responsible for the \$3,750 tuition fee.  
☐ My employer/sponsor is responsible for tuition (obtain signature below).

### FINANCIAL

I agree to pay the Leadership Greater Syracuse tuition of \$3,750 for the above applicant, if accepted. I understand tuition is non-refundable, and will be discounted to \$3,550 if paid in full prior to December 31<sup>st</sup>.

\_\_\_\_\_  
**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.

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Print Name/Title/Organization**

**Thank you for applying to the Leadership Greater Syracuse Class!**

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.

**Leadership Greater Syracuse Founders:**

*CenterState CEO ~ City of Syracuse ~ Onondaga Community College ~ Onondaga County*