

LEAD:

Leadership Education And Development Training Institute, Inc.

Class Member Information:

First Name: _____ Last Name: _____

Name Tag: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____

Employment Information:

Company: _____

Title: _____ Responsibilities: _____

Length of service: _____ Status: Full-time Part-time

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-Mail: _____

Direct Report--Who do YOU report to?

Name: _____ Title: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

General Information:

- I wish to receive correspondence at: Home Work
- I am a graduate of LSI/Leadership Louisville: Yes No Year: _____
- I am a graduate of Focus Southern Indiana: Yes No Year: _____
- I am a graduate of RLC: Yes No Year: _____
- My LEAD tuition is being paid by: Myself My company Both
- Do you need Financial Assistance? Yes No
- I heard about LEAD through: Newspaper Personal Chamber Other_____

Skills & Experience:

What are your skills and experience that you can bring to the table for LEAD?

What is your expectation of the LEAD program when you graduate?

What is one thing you want to accomplish as a leader?

During the second semester, we will split into two tracts, which do you prefer:

- Political/Business Not-for-profit Board

Community Involvement: (not-for-profit, church, civic, associations, etc.)

Organization: _____

Reference: _____

Position Held: _____ Dates: _____

Organization: _____

Reference: _____

Position Held: _____ Dates: _____

Organization: _____

Reference: _____

Position Held: _____ Dates: _____

(Attach additional pages if necessary)

Awards or Recognition (include year):

Education:

Institution: _____

City: _____ State: _____

Degree: _____ Major: _____ Year completed: _____

Institution: _____

City: _____ State: _____

Degree: _____ Major: _____ Year completed: _____

Institution: _____

City: _____ State: _____

Degree: _____ Major: _____ Year completed: _____

References:

Name: _____ Relation: _____

Phone: (_____) _____ - _____ E-mail: _____

Name: _____ Relation: _____

Phone: (_____) _____ - _____ E-mail: _____

Name: _____ Relation: _____

Phone: (_____) _____ - _____ E-mail: _____

Name: _____ Relation: _____

Phone: (_____) _____ - _____ E-mail: _____

Important Information:

Acceptance into *LEAD: Leadership Education And Development Training Institute* requires your attendance at 10 monthly one-half-day classes February to December. Failure to attend all these classes may result in you not graduating from the program. Once you miss 2 sessions, your Direct Report will be notified. You are also expected to attend a kick-off in January; the reception in December is preferred, but not required.

LEAD is a two-year program: first year includes monthly half-day classes (8:00 AM – 1:00 PM); second year participants are expected to serve as a non-voting Board Member on a nonprofit Board or with a political candidate. Following that, we hope you will serve as a participating voting Board Member on a Board or with a candidate. We will also be available to further assist you in your leadership development. During year 2, you will be expected to attend quarterly forums where you will continue to learn more leadership skills to enhance your community involvement.

All questions should be directed to:
Deniece Loyd, Program Director
(502) 295-7424 phone; (812) 948-2103 fax
E-mail: deniece@loydconsulting.com

Payment Information: \$1495/participant (covers both years)	Make check payable to: LEAD Mail to: LEAD / Deniece Loyd PO Box 2192 New Albany, IN 47151
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