



2023-2024 LEADERSHIP LANCASTER APPLICATION

NAME: _____

(Last)

(First)

(Middle)

Male:

Female:

Years in Lancaster County: _____

HOME ADDRESS: _____

(Street, City, Zip)

OFFICE PHONE: _____

CELL: _____

OFFICE EMAIL: _____

SINGLE: MARRIED: CHILDREN: AGES OF CHILDREN: _____

HOBBIES/INTERESTS: _____

EMPLOYER: _____

OFFICE ADDRESS: _____

YOUR POSITION: _____ LENGTH OF EMPLOYMENT: _____

DIRECT SUPERVISOR'S NAME/TITLE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

EDUCATION:

HIGH SCHOOL: _____ CITY: _____ DEGREE/YEAR: _____

COLLEGE: _____ CITY: _____ DEGREE/YEAR: _____

OTHER: _____ CITY: _____ DEGREE/YEAR: _____

COMMUNITY INVOLVEMENT:

Rank, in order of importance to you, five civic/community activities in which you participated and include the name, year, responsibility, and location:

1. _____

2. _____

3. _____

4. _____

5. _____



GENERAL:

WHAT DO YOU HOPE TO GAIN FROM LEADERSHIP LANCASTER?

WHAT DO YOU FEEL IS YOUR RESPONSIBILITY TO LANCASTER COUNTY?

WHAT DO YOU CONSIDER THE THREE MOST PRESSING PROBLEMS FACING LANCASTER COUNTY? WHY?

*Tuition for LEADERSHIP LANCASTER is \$850 for Chamber members, \$950 for non-members.
Tuition includes costs associated with the retreat, meals, and program materials.*

I understand the purposes of the Leadership Program and that attendance is required at all sessions. I will devote the time required to graduate. I also understand I am ultimately responsible for the tuition payment and approvals from my supervisor/manager and company.

APPLICANT'S SIGNATURE:

DATE: _____

SUPERVISOR/MANAGER'S SIGNATURE:

DATE: _____

Mail your completed application to:

LANCASTER COUNTY CHAMBER OF COMMERCE, P.O. BOX 430, LANCASTER, South Carolina 29721

ATTN: LEADERSHIP LANCASTER

OR EMAIL: michelle@lancasterchambersc.com.