



# APPLICATION

Please type or print. Applications must be returned no later than July 31, 2009 to:

LEADERSHIP DOOR COUNTY, INC.  
P.O. Box 874 • Sturgeon Bay, WI 54235

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_ Preferred Fax #: \_\_\_\_\_

Do you prefer all mailings go to your business address?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you and your employer understand and agree to the attendance requirements of the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

ON A SEPARATE SHEET OF PAPER, PLEASE PRINT OR TYPE YOUR ANSWERS TO QUESTIONS 1 – 6.

1. What do you feel is the role or responsibility of a leader in the community?
2. What do you consider your highest responsibility, skill and/or achievement to be so far?
3. Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member (including approximate dates of membership).
4. Have you been as active in community organizations as you would like? If not, what have been the major barriers to your involvement?
5. Door County is faced with a number of challenges. What are three issues that concern you and why?
6. What do you personally expect to gain from your participation in the Leadership Door County program?

*Leadership Door County  
Program Commitment*

Will you be able to attend all of the sessions as stated on the previous page?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please state your reasons:

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Do you have any dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain:

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**TUITION AND FUNDING**

Tuition of \$500 is due upon acceptance into the program.

Bill Me \_\_\_\_\_ Bill My Sponsor \_\_\_\_\_

Sponsor Name/Contact Person: \_\_\_\_\_

Tuition assistance is available for any amount. Please contact Gina Wautier at (920) 495-1062 to arrange for installment payments or apply for tuition assistance, if needed. All discussions will be kept confidential.

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Print or Type Name

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Signature

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Date

For LDC use only:

Applicant Accepted:	Yes _____	No _____	
Tuition Assistance:	Yes _____	No _____	If yes, amount: _____
Installment Payments:	Yes _____	No _____	If yes, \$_____ per month.
Date Paid:	_____	Check #:	_____ Amount Paid: _____