

LEADERSHIP NEVADA

Program Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Length of time I have lived or worked in Nevada:			

EMPLOYMENT	
Place of Employment:	
Title:	
Work Phone:	

1.) Please list your community involvement (civic, church, volunteer, etc.) Include both current and past positions you have held.

2.) Why do you want to be part of the Leadership Nevada program? What do you hope to gain from the program?

3.) Describe two community issues that you feel need to be addressed. Why?

4.) How do you see yourself being involved with the Nevada community after graduation?

PROGRAM PAYMENT OPTIONS	
My company will be paying for my \$100 registration fee or is a program sponsor	<input type="checkbox"/>
Enclosed is my \$25 payment to the Nevada Chamber of Commerce. If I am selected, I agree to pay the remaining \$75 by September 1, 2015.	<input type="checkbox"/>
Please provide me with information about financial assistance	<input type="checkbox"/>

APPLICANT SIGNATURE	
If I am selected as a participant in the Leadership Nevada program, I commit to attending all the sessions.	
Signature	Date

Please return application to the Nevada Chamber of Commerce by **June 30, 2015**. Applications will be reviewed by the steering committee and acceptance letters will be mailed in August.

Nevada Chamber of Commerce
1015 6th St.
Nevada, IA 50201
(515) 382-6538
chamber@midiowa.net