



Confidential application

2019 Shawnee Tomorrow Leadership Program

Last name First name Middle initial

Home address City/State Zip Phone

Business name Position | title Years in current career

Business address City | State Zip

Business phone Fax E-mail address

Briefly state the reason you wish to participate in the Leadership program.

Community involvement | list civic, religious, education, business, government, athletic, or any other activities.

Education

Institution | _____

Dates attended | _____

Degree | _____

Please list three personal, professional or community references.

Name	Organization	Phone
1 _____		
2 _____		
3 _____		

Name badge

_____	_____
First name	Last name

Company	

Employee agreement

If accepted, I agree to participate in all scheduled sessions and activities.

_____	_____
Signature	Date

Employer's agreement | if applicable

I fully support the application of _____ for the 2019 Shawnee Tomorrow Leadership program, and I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled sessions and activities.

_____	_____
Signature	Date

Your completed application needs to be received by Friday, November 16, 2018

Shawnee Chamber of Commerce | 15100 W. 67th St. | Suite 202 | Shawnee, KS 66217
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Shawnee Tomorrow Leadership is a program of Shawnee Chamber of Commerce Foundation 501(c)3

