



A GASTON REGIONAL CHAMBER PROGRAM

Sponsored by:



CaroMont Health

APPLICATION

Note: Application must be filled out completely and delivered to Gaston Regional Chamber no later than **December 31, 2020**, with a refundable deposit of \$200. The selection process will be completed in early January, and you will be notified and billed at that time for the remaining \$225 fee for Chamber members, \$300 for non-members, if accepted into the Leadership Gaston program. Fee covers all expenses.

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

PROFESSIONAL INFORMATION

Employer (Company Name): _____

CEO or Manager's Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E-mail Address (your): _____

Sponsor (if any): _____

(Sponsor may be your employer or an organization such as Jaycees, etc. If no sponsor, write "None.")

Are you self-employed? _____

Are you a resident of Gaston County? _____

If yes, number of years _____

Beginning date of current employment: _____

Description of work: _____

List any special honors or awards received in your professional career:

EDUCATIONAL BACKGROUND

Secondary/Post Secondary/Graduate Education

1. Institution: _____
Location: _____
Date of Graduation: _____
Degree: _____
2. Institution: _____
Location: _____
Date of Graduation: _____
Degree: _____
3. Institution: _____
Location: _____
Date of graduation: _____
Degree: _____

COMMUNITY INVOLVEMENT

List up to three community, civic, professional, business, social or other organizations in which you are or have been a member:

Name	Purpose of your role	Dates of affiliation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What is the most significant thing you have learned as a result of your community/volunteer involvement? _____

Why have you applied to Leadership Gaston? _____

What would you bring to the program? _____

What is the outcome you hope to receive from this program? _____

PERSONAL STATEMENT

What do you feel are the greatest challenges and/or opportunities ahead for Gaston County? _____

What type of leadership development information would you like presented that would enhance your present skills? _____

TUITION INFORMATION

Tuition for Leadership Gaston is \$425 for Chamber members and \$500 for non-members. Participants are responsible for ensuring full payment of their tuition. Included in this total is a deposit of \$200, which is due upon application submission. The selection process will be completed in early January. If accepted into Leadership Gaston, you will be notified and billed for the remaining balance. If you are not selected for the program, your deposit is refundable.

SCHOLARSHIP INFORMATION

Leadership Gaston offers one \$200 scholarship and will be awarded based on need. Applications for scholarship assistance are confidential and considered separately so will not affect class selection. Scholarship assistance applies to Chamber members only.

Yes, I need assistance. _____

If you would like to apply for the scholarship please briefly explain why you need assistance. _____

CEO (OR OTHER POSITION IF APPROPRIATE) ENDORSEMENT

I hereby recommend _____ for consideration in the Leadership Gaston program. If he/she is selected, I agree to provide adequate release time from the regular duties for him/her to attend the required sessions and activities.

CEO or Manager's Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Signature _____ Date: _____

Is your company an active member of Gaston Regional Chamber? _____

If the applicant from your organization is accepted into the Leadership Gaston program, will your company pay the \$425 (\$500 for non-member) fee? _____

MY PERSONAL COMMITMENT TO LEADERSHIP GASTON

- I agree to participate in all activities planned for this program and do understand the following expectations of each class participant:
- Each participant is required to attend every monthly all-day session.
- Each participant is expected to complete certain required "out of class" assignments. (e.g. police ride along, city council meeting or volunteer work at a community event.)
- I also am aware that my employer will be kept informed of my participation in Leadership Gaston.

Name of Applicant

Signature of Applicant

Date

Employer Signature

Date

For additional information please contact:
Gaston Regional Chamber at 704.864.2621
or leadershipgaston@gastonchamber.com

