



APPLICATION to



Information is used solely for the process of selection and is limited to the Foundation Executive Leadership.
Please return application by August 1.

NAME: _____
(First) (M.I.) (Last)

ADDRESS: _____
(Street)

(Town/City) (State) (Zip Code)

(Daytime Phone) (Email address)

(Mobile Phone)

EMPLOYMENT HISTORY (List most current first)

| | <u>Employer</u> | <u>Position</u> | <u>Years Employed</u> |
|----|-----------------|-----------------|-----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

AFFILIATION WITH ADVISORY BOARDS/AGENCIES

| | <u>Organization</u> | <u>Affiliation</u> | <u>Dates</u> |
|----|---------------------|--------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

PLEASE SUMMARIZE YOUR INTERESTS AND OBJECTIVES FOR ATTENDING THE ULSTER LEADERSHIP DEVELOPMENT INSTITUTE.

IDENTIFY ONE ISSUE YOU FEEL IS CRUCIAL TO ULSTER COUNTY:

Tuition cost is \$1,050 and must be paid in full by September 1.

Tuition enclosed

Please invoice to _____

There is no textbook for this course – it is necessary for participants to attend each session to gain information, participate in discussions, and make community contacts with both speakers and class members. We ask employers and program participants to acknowledge their commitment to maintain good attendance.

I support the application of my employee to the Ulster Leadership Development Institute. I understand the requirement for attendance and will allow this employee to reschedule his/her work so that he/she will complete the program and graduate in good standing.

Employer Signature: _____ **Date:** _____

I declare to the best of my knowledge and belief, the information given is true and accurate. Except for circumstances beyond my control, I will undertake to complete the program in its entirety. I understand that in addition to this application, a personal interview may be requested.

Applicant Signature: _____ **Date:** _____

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www.UlsterChamber.org | Visit our Facebook page at <http://bit.ly/2h1CYZP>