



The selection committee will choose participants based on their responses to the following questions. Please answer as completely as possible on a separate printed page. Attach answers to your completed application form and submit two copies of all application materials.

\_\_\_\_\_

- 1. Enclose a resume. Include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic and social organizations with which you have been or are currently involved.
- 2. Describe a professional or community leadership challenge you have undertaken.
- 3. What would you contribute to the Albert Lea Community Leadership class?
- 4. In what ways do you think Albert Lea Community Leadership can help you develop your leadership potential? What do you expect of the program? (Please submit approximately half a printed page.)
- 5. Identify and discuss an issue that you feel is critical to the Albert Lea area. (Please submit approximately half a printed page.)
- 6. Are you willing to commit ten full days to attend Albert Lea Community Leadership?

| RETURN TO: Albert Lea Community Leadership c/o Geri Jensen, 132 North Broadway Ave., Albert Lea, MN 56007 |  |                              |
|---|--|------------------------------|
| Who will be paying your tuition?MeMy employerA s  | ponsoring organization                           |                              |
| Full Name:  |  |                              |
| Company:  | Title:   |                              |
| Address:  |  |                              |
| City:   | State:   | Zip:                         |
| Work Phone:   | Cell Phone:                                      |                              |
| Email:  |  |                              |
| HomeAddress:  |  |                              |
| City:   | State:   | Zip:                         |
| Home Phone:   |  |                              |
| What city ward/district do you live in? Se  | e map on back of application.                    |                              |
| References: List your immediate supervisor  | and at least one other person who may be contact | cted by selection committee. |
| Name:   | Company:   |                              |
| Title:  |  |                              |
|   | Company:   |                              |
| Title:  | Phone:   |                              |
| Signature of Applicant  |  | Data                         |
| Signature of Applicant  |  | Date                         |
| Signature & Title of Applicant's Sponsor (  | if appropriate)                                  | Date                         |