



Tempe Leadership

APPLICATION

P.O. Box 28500 Tempe, AZ 85285-8500

Phone: (480) 967-7891 Fax: (480) 966-5365 website: <http://www.tempeleadership.org/>

Application must be completed in its entirety in order to be considered. Use only the space provided, attachments will not be accepted. (Please type)

Applications must be postmarked by April 20, 2009.

NAME _____
Last First Middle

HOME ADDRESS _____
Street
City Zip

PHONE _____ FAX _____
(include area code) (include area code)

PREFERRED EMAIL _____

Years lived in AZ _____

EMPLOYMENT HISTORY

PRESENT EMPLOYER _____ HIRE DATE _____

PRESENT TITLE _____ SINCE _____

ADDRESS _____
Street
City State Zip PHONE _____
(include area code)

SUPERVISOR _____ PHONE _____
(include area code)

PREVIOUS EMPLOYMENT

<u>EMPLOYER</u>	<u>TITLE</u>	<u>FROM/TO</u>
_____	_____	_____
_____	_____	_____

EDUCATIONAL HISTORY

Post-Secondary

School _____ Degree _____ Date _____

School _____ Degree _____ Date _____

School _____ Degree _____ Date _____

High School _____ Graduation Date _____

CLASS COMMITMENT

Tempe Leadership requires participants to commit approximately 1 ½ to 2 days per month during the 9 months of the program. If selected, are you and your employer prepared to make this commitment? _____

Have you applied to Tempe Leadership before? _____ If yes, when? _____

How did you learn about Tempe Leadership? _____

COMMUNITY INVOLVEMENT

Tempe Leadership recognizes that involvement comes in many forms. We are interested in selecting individuals who have a commitment of time, energy and enthusiasm for their community. Please list, in order of importance to you, three community, civic, professional, political, business, religious, social, athletic, or other activities in which you have participated. Include your contribution to each, including positions held or major responsibilities.

1.

2.

3.

QUESTIONS

What do you hope to gain from participating in Tempe Leadership? What are your expectations of the program?

How do you expect to put your Tempe Leadership experience to work in the community?

Discuss a current issue facing the community today and provide recommendations for addressing it.

REFERENCES

List two persons who will be contacted to provide information regarding your qualifications as a Tempe Leadership participant. If you are not retired or self-employed, please include your supervisor as one of your references.

REFERENCE 1

NAME _____ Title _____
ADDRESS _____ Street _____

City _____ Zip _____
Business phone (include area code) _____ Home phone (include area code) _____

REFERENCE 2

NAME _____ Title _____
ADDRESS _____ Street _____

City _____ Zip _____
Business phone (include area code) _____ Home phone (include area code) _____

AGREEMENT OF UNDERSTANDING

I authorize Tempe Leadership to contact the listed references and my current employer. Tempe Leadership may also release, if necessary, information contained in this application. I have read and understand the class commitment section of the Tempe Leadership brochure and this application and am willing to honor that commitment.

Signature Date

As the supervisor/employer of the Tempe Leadership applicant, I understand the commitment of the training program and agree to provide the applicant with the time away from the workplace to attend all scheduled activities.

Signature Date

PROCEDURE: Applications must be postmarked by midnight April 20, 2009 and mailed to Tempe Leadership, P.O. Box 28500, Tempe, AZ 85285-8500. Selected applicants will be interviewed mid-May and notified of the results following the June board meetings of Tempe Leadership and the Tempe Chamber of Commerce.

TUITION FEES:

Tempe Leadership class members are responsible for all tuition costs, \$750.00. Scholarships (up to 75% of total tuition) may be available based upon financial need. Upon acceptance to the program, you may request a financial aid application no later than June 30th.

Full payment of tuition is due no later than July 31st.

Phone: (480) 967-7891 Fax: (480) 966-5365
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<http://www.tempeleadership.org/>