



# Class of 2018 Application Form

**Deadline: August 14, 2017**

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Have you participated in a similar leadership program in another community? \_\_\_\_ YES \_\_\_\_ NO

If yes, please indicate where and when: \_\_\_\_\_

## SCHEDULE

Sessions are held the 3<sup>rd</sup> Tuesday of each month from 1:00 – 5:00 PM.

**Please indicate any known schedule conflicts or absences.**

**NOTE:** To graduate you must attend 7 of the 9 sessions.

Session	Date	Title	Absent
Session 1	9-19-17	Program Launch Understanding Your Leadership Approach – Part One	
Session 2	10-17-17	Understanding Your Leadership Approach – Part Two	
Session 3	11-21-17	Project Team Leadership – Company Project Launch	
Session 4	12-19-17	Enhancing Your Listening Skills	
Session 5	1-16-18	Strengths-Based Leadership	
Session 6	2-20-18	Understanding Your Management Style	
Session 7	3-20-18	Nonprofit Board Leadership	
Session 8	4-17-18	Our Communities at Work	
Session 9	5-15-18	Wrap-up Session and Graduation Celebration	



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## EDUCATIONAL BACKGROUND

Include institutions, field(s) of study and degrees awarded. Also include any relevant professional accreditations, certifications, training programs, etc.

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## ORGANIZATIONS AND COMMUNITY INVOLVEMENT

Please list in order of importance to you the major civic, business and professional activities in which you have participated during the past several years. Activities need not be limited to those in the Upper Bucks County area. For each activity, indicate the extent of your involvement, accomplishments, offices held, awards received and/or special recognitions. If you have not been involved in such activities, please comment.

Professional and Community Based  
Organizations/Activities

Approximate Dates  
of Participation

Involvement/  
Responsibilities

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## PERSONAL PERSPECTIVES

***Please submit reflections on a separate sheet.***

1. Respond to the questions below in 750 words or less:
  - a. Why do you wish to participate in the Leadership Upper Bucks Program?
  - b. What do you hope to gain from your participation in the Leadership Upper Bucks Program?
2. Describe what you consider to be the most critical issues currently facing our community.



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## APPLICANT'S AGREEMENT

I understand the purpose and commitments of the Leadership Upper Bucks Program. If selected, I will devote the required time to attend all functions of the program. I understand attendance and preparedness are mandatory and that if I fail to meet the obligations of the program; I may be asked to withdraw or may not graduate. If selected to participate in the 2017-2018 Leadership Upper Bucks program, I will arrange for payment of my tuition within one month of notification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYER/SPONSOR AGREEMENT

I fully support the application of \_\_\_\_\_ for the 2017-2018 Leadership Upper Bucks Program. His/her employer/sponsor is willing to make available the necessary time for full participation in all scheduled classes and activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit completed, signed application to:**

Upper Bucks Chamber of Commerce  
c/o Leadership Upper Bucks  
21 N. Main Street,  
Quakertown, PA 18951

**Questions regarding this application may be directed to:**

Ken Byler, LUB Program Director  
Phone: (215)799-1216  
Email: ken@highergroundcg.com