

**Deadline for receiving applications in the Chamber office is Friday, January 6, 2012**

High Point Chamber  
Attn: Jessica Jones  
1634 North Main Street High Point, NC 27262  
Phone: (336)882-5000 Fax: (336)889-9499  
email: jessica@highpointchamber.org

**\*\*\*CONFIDENTIAL APPLICATION\*\*\***

Name: \_\_\_\_\_  
Last First Middle Nickname

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Years in High Point: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street City Zip

Cellphone : \_\_\_\_\_ Home phone : \_\_\_\_\_

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Number Street City Zip

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Title/Responsibility: \_\_\_\_\_ Years at this Employer: \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (Include military active duty)

<b>Employer</b>	<b>Title or Responsibility</b>	<b>From—To</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Name/Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please list any special dietary restrictions (ex: vegetarian): \_\_\_\_\_

***PLEASE READ INFORMATION CAREFULLY. YOUR SIGNATURE IS VERIFICATION THAT YOU'VE READ AND UNDERSTAND ALL REQUIREMENTS OF THE PROGRAM AND AGREE TO THESE GUIDELINES.***

What do you consider your highest responsibility, skill or career achievement so far?

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**ORGANIZATIONS AND ACTIVITIES**

*Please list in order of importance to you, up to five community, civic, professional, business, religious, social, athletic, and other organizations of which you have been a member:*

Organization	Approximate Dates	Official Positions
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**RECOGNITIONS/AWARDS/CERTIFICATIONS**

*Please list any recognitions, awards, and/or certifications you have received from your company or other organizations:*

Company/Organization	Recognition/Award/Certificate
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**EDUCATION**

*(Begin with high school, then college (s), business or trade schools and/or other specialized training)*

Name and City of School	Dates From-To	Degree	Major
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**GENERAL**

Are there particular leadership skills that you hope to gain from this program?

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How much time each month do you commit to community, civic, professional and other organizations and activities? \_\_\_\_\_

**PLEASE READ INFORMATION CAREFULLY. YOUR SIGNATURE IS VERIFICATION THAT YOU'VE READ AND UNDERSTAND ALL REQUIREMENTS OF THE PROGRAM AND AGREE TO THESE GUIDELINES.**

Have you been as active in community, and other activities as you would like to be? **YES** **NO**

If not, what have been the major barriers to your becoming involved? \_\_\_\_\_

\_\_\_\_\_

If you have previously not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community?

\_\_\_\_\_

\_\_\_\_\_

Which local volunteer agencies/organizations would you like to participate in during the next 12 months? \_\_\_\_\_

\_\_\_\_\_

Have you ever participated in another Community Leadership Program? If yes, please specify which one (s). \_\_\_\_\_

\_\_\_\_\_

What leadership courses or seminars have you attended in the past 5 years? \_\_\_\_\_

\_\_\_\_\_

Please write a statement of why you wish to participate in LEADERSHIP: HIGH POINT and what you hope to gain from the experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*ESSAYS\*\*\***

In your judgment, what are the two (2) most important issues facing High Point today? Explain why and briefly suggest any recommendations for approaching and resolving these issues.

***(Please use an additional sheet.)***

In your judgment, what is an issue that this community will be facing in five (5) years? Explain why.

***(Please use an additional sheet.)***

Please list three (3) people who are knowledgeable about your leadership performance and potential.

Name	Address	Zip	Phone
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Name	Address	Zip	Phone
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Name	Address	Zip	Phone
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**Tuition is \$850 for Chamber members and \$1,700 for non-members. This fee covers all program expenses. Full tuition is due no later than January 31<sup>st</sup> 2012. There is a limited amount of scholarship money available. Partial scholarships are awarded.**

**Partial scholarships are provided by the LHP Alumni Association. Scholarships are based on need. Scholarship need must be qualified, please explain.  
 (FOR CONSIDERATION FOR SCHOLARSHIP A WRITTEN REQUEST EXPLAINING APPEAL MUST BE INCLUDED WITH THE APPLICATION FORM)**

Please consider me for a partial scholarship. [    ]

**The LHP Class of '99/Jim Armstrong Endowment Fund was established to provide a full tuition scholarship to a qualified applicant, who is from a non-profit organization or a small business. If you fit one of these categories, would you like to be considered for this scholarship? [    ]**

### SELECTION CRITERIA

Participants will be chosen for LEADERSHIP: HIGH POINT based upon the information provided in the application. Consideration is given to leadership achievements, community involvement, overall accomplishments, recommendations from peers and employers, and the ability and interest in assuming additional leadership roles in the community.

**\*\*\*PLEASE READ CAREFULLY\*\*\***

### PARTICIPANT COMMITMENT

The LEADERSHIP: HIGH POINT Program year will consist of an orientation session, retreat, (8) monthly full-day sessions, and an evening graduation program in November. Additional hours will be required for elective activities and other learning opportunities.

**To successfully complete LEADERSHIP: HIGH POINT**, a participant is expected to attend ALL sessions. Absences are excused with Steering Committee approval only in the event of an emergency or extenuating circumstances. A participant who is unable to attend all sessions may be asked to withdraw from the program and no portion of the tuition will be refunded. It is important that an applicant have the full support of his/her employer to attend all sessions.

***PLEASE READ INFORMATION CAREFULLY. YOUR SIGNATURE IS VERIFICATION THAT YOU'VE READ AND UNDERSTAND ALL REQUIREMENTS OF THE PROGRAM AND AGREE TO THESE GUIDELINES.***

I understand the time commitment required for participation in the program. If I am selected to be a class member, I will pay my tuition by the date required , January 31, 2012, and will attend all sessions and devote the time to this program as required.

**Applicant's Signature** \_\_\_\_\_

I understand the time commitment required of my employee to participate in this program. If my employee is selected as a class member, I approve his/her absence to all sessions and time required of the program. I also understand and agree that payment will be made, in full, by January 31, 2012 to be considered for employee participation in the class.

**\*\*Employer's Signature** \_\_\_\_\_

*\*\*Employer signature must be on application to be considered for the program unless you are self-employed.*

The deadline for receiving applications is Friday, January 6, 2012

***NOTE: The photo will go in the class handbook and the directory handed out at graduation!***  
**Return completed application, essays & 300dpi jpg headshot of yourself to:**

High Point Chamber  
Attn: Jessica Jones  
1634 North Main Street  
High Point, NC 27262

**-OR-**

*Email completed application to [Jessica@highpointchamber.org](mailto:Jessica@highpointchamber.org)*

**-OR-**

*Fax completed application to 336-889-9499 Attn: Jessica*