



# PUYALLUP / SUMNER LEADERSHIP INSTITUTE APPLICATION

Name: \_\_\_\_\_  
(last) (first) (middle)

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

## ORGANIZATIONS AND ACTIVITIES

Please list community organizations of which you are or have been a member.

Organizations	Dates of membership	Positions Held
1		
2		
3		

What important accomplishments have you achieved in these activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED INFORMATION

- A letter of support from your employer** (if you are employed) certifying support for your participation and attendance at a minimum of nine (9) sessions including the initial **mandatory retreat**.
- Please provide a short essay that describes:**
  - What you hope to gain from your Leadership Institute experience.
  - What do you see as the three most pressing problems facing our area? Explain how you would approach and resolve them.
  - What you see yourself doing in employment and the community in the next five years.

## APPLICATION DEADLINE/FEES

Applications must be returned to the Puyallup / Sumner Chamber of Commerce office, PO Box 1298 Puyallup, WA 98371 by mail or in person to 323 North Meridian, Ste. A Puyallup, WA 98371 by August 1, 2008. (Applications received after August 1 will be considered on a space available basis.) Selected participants will be notified by August 15. If selected, you will be responsible for payment of a non-refundable participation fee of \$900 by September 1, 2008.

## CERTIFICATION

I understand that applications are subject to confidential evaluation. If I am not selected to participate in this Leadership series, my application will be retained for future consideration unless I advise otherwise. I authorize my current and former employers and educational institutions to release to the Puyallup / Sumner Leadership Institute any information regarding my employment or education, which will help in selecting the participants for the program. I agree to attend the **mandatory retreat**, which will be held in September, and to attend all further sessions through the year. **I understand that attendance at the remaining eight sessions is required.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If a participant misses the retreat, Institute participation will be delayed until the following program year. If any session is missed during the year, make-up work will be required. It is expected that participants will participate fully in the Institute sessions and activities.