



ST. LAWRENCE LEADERSHIP INSTITUTE

Leadership and Growth through Inspiration and Knowledge

Confidential Application

INSTRUCTIONS – Please read carefully.

1. Type or print clearly. Provide complete but concise answers. Limit responses to the space provided. Do not include any other documents (cover letter, resume, writing sample, etc.) at this time.
2. Sign the application, and obtain the signatures of your financial sponsor, if any, and your employer, if applicable.

PERSONAL DATA

Name _____

Address _____

City, State, Zip _____

Telephone _____ (home) _____ (work)

Preferred E-mail _____ Fax _____

Total years living/working in St. Lawrence County: _____

How did you learn about St. Lawrence Leadership Institute?

- SLLI alumnus/na newspaper chamber newsletter
 SLLI board member radio other: (please specify) _____

Are special accommodations necessary? If so, please describe *(This response does not affect one’s candidacy. It is intended to help SLLI to comply with the Americans with Disabilities Act.)*:

PERSONAL BACKGROUND – Optional. *This information is completely confidential and voluntary.*

Age	Gender	Ethnicity	Income
<input type="checkbox"/> 18-20	<input type="checkbox"/> Male	<input type="checkbox"/> African-American	<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> 21-30	<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> \$25,001 - \$35,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Caucasian	<input type="checkbox"/> \$35,001 - \$45,000
<input type="checkbox"/> 41-50		<input type="checkbox"/> Latino	<input type="checkbox"/> \$45,001 - \$60,000
<input type="checkbox"/> 51-60		<input type="checkbox"/> Native American	<input type="checkbox"/> \$60,001 - \$75,000
<input type="checkbox"/> 60+		<input type="checkbox"/> other	<input type="checkbox"/> Over \$75,000

special training courses

EDUCATION – Include any

Dates (from/to)	School	Location	Degree/Major	Graduated?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY – **NOTE:** Employment is not a prerequisite for admission into SLLI.

Please list your current position first, and then all other positions over the last 5-10 years in reverse chronological order.

Dates (from/to)	Employer	Title	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL ORGANIZATION – Do not include civic/service organizations; see Community Service below.

Dates (from/to)	Organization	Role(s)	Responsibilities

COMMUNITY SERVICE HISTORY – Include all pertinent volunteer experiences

Dates (from/to)	Organization	Role(s)	Responsibilities

LEADERSHIP SURVEY – Please answer concisely in the space provided.

1. Approximately how many hours per month do you currently commit to volunteer community service activities? _____ hours
2. In the future, do you expect this number of hours to increase or decrease? Why?
3. What current community service role is **most satisfying** for you? Why?
4. What current community service role is **most frustrating** for you? Why?
5. What do you consider to be your **most important community service contribution** to date? Why?

REFERENCES – Please list two individuals who are familiar with your leadership potential or abilities.

Name _____ Name _____
Company/Organization _____ Company/Organization _____
Telephone _____ Telephone _____

DECLARATIONS OF INTENT

Candidate: I hereby apply to be a participant in the St. Lawrence Leadership Institute. My \$25 non-refundable application fee is enclosed. I have carefully read the attached brochure that explains the mission and goals of the Institute, and its policies regarding selection criteria, selection process, time commitment, and tuition. I further state that I am responsible for the balance of any tuition not provided by my financial sponsor, if any. Furthermore, I understand that should I fail to meet these responsibilities, I will be asked to withdraw from the program.

I wish to apply for tuition assistance (optional). Information will be sent to you.

Candidate's Signature _____ Date _____

Financial Sponsor: I agree to pay the amount of \$_____ towards the \$550 tuition for the above applicant if he/she is accepted.

Financial Sponsor's Name and Title (please print clearly): _____

Signature of Authorized Individual _____ Date _____

Phone Number _____ E-mail _____

Employer: I agree to provide the above-mentioned employee the time required to be an active member of the St. Lawrence Leadership Institute for this year's class.

Employer's Name and Title (please print clearly): _____

Signature of Authorized Individual _____ Date _____

Phone Number _____ E-mail _____

IMPORTANT NOTES

- Applications must be postmarked by the appropriate deadline to be considered for admission. Each applicant will be notified of the Admission Committee's decision within three weeks of the deadline dates. Class size is limited to 25.

Early Admission Deadline: June 1
Space Permitting Deadline: August 1

- Send completed application, with \$25 fee payable to *St. Lawrence Leadership Institute, Inc.*, to:

**Admission Committee
St. Lawrence Leadership Institute
101 Main Street, 1st Floor
Canton, NY 13617**

- Questions? Contact St. Lawrence Leadership Institute at 315-714-3020 or info@slli.org.