

LEADERSHIP PUTNAM

P.O. Box 483
Cookeville, TN 38502

Complete and return by August 15. Applications must be typed or printed in black ink. Please fill out completely; Application form will be used in selection process. Incomplete (except where optional) or late applications may not be considered.

PERSONAL INFORMATION / EMPLOYMENT

Name _____

Home Address _____

Business Address _____

Telephone Numbers: Home _____ Business _____ Fax _____

Email Address _____

Would you prefer to receive Leadership Putnam mail at __ home or __ business address?

Leadership Putnam strives for diversity among its participants with regard to gender, race, age, occupation, geographic location, etc. Completion of the following information is optional, and requested only to help us achieve the diversity we seek.

Gender _____ Age _____ Race _____

Employer (if applicable) _____ Date Began _____

Present title or responsibility _____ Since(date) _____

Briefly describe your responsibilities:

EDUCATION/EXPERIENCE

What do you consider your greatest accomplishment, skill or career achievement?

ORGANIZATIONS / 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 are or have been a member.

	Organization	Approximate Dates	Official Positions Held
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

What have you accomplished in these activities that you think is important?

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

Have you been as active in community, civic, professional and other activities as you would like to be? _____

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

PARTICIPATION / COMMITMENT

To graduate from the Leadership Putnam program, only one monthly session may be missed. Attendance at the opening retreat is mandatory. The year's schedule is:

- Opening retreat (overnight) – September: The retreat lasts 1 ½ days (from noon Friday through 2 p.m. Saturday).
- Eight monthly all-day sessions – October through May (usually the second Thursday of each month).
- Graduation banquet – May or June.

Are you and your employer willing to make such a September – June commitment? ___ Yes ___ No
(Absenteeism will result in the participant being dropped from the course. If you are unable to make the time commitment, it is not in your best interest to apply at this time.)

How long have you lived in Putnam County? _____

Do you reasonably expect to still be living in Putnam County in 5 years? ___ Yes ___ No

TUITION

Tuition for Leadership Putnam is \$700 which covers all costs, including meals. Tuition may be paid by a sponsoring organization (such as an employer). Tuition assistance is available on a limited basis, based on unique circumstances. If you are selected, will you request tuition assistance? ___ Yes ___ No. All participants (including those receiving tuition assistance and those who have a sponsor) will be required to pay the first \$200 of the tuition.

COMMUNITY ANALYSIS

Are you a registered and active voter? ___ Yes ___ No

What do you hope to gain from your Leadership Putnam experience that will benefit the community?

Please identify a particular challenge, issue, or problem you feel is critical to Putnam County. Explain your concern and possible involvement in the solution of this issue:

(use additional sheets if necessary)

REFERENCES

The undersigned applicant hereby releases Leadership Putnam to contact the following references:

- 1) Name/Title _____ Business Phone _____
 Company Name (if applicable) _____
 Business Address (City/State/Zip) _____
- 2) Name/Title _____ Business Phone _____
 Company Name (if applicable) _____
 Business Address (City/State/Zip) _____
- 3) Name/Title _____ Business Phone _____
 Company Name (if applicable) _____
 Business Address (City/State/Zip) _____

APPLICATIONS MUST BE POSTMARKED BY AUGUST 15.
ALL APPLICANTS WILL BE NOTIFIED BY SEPTEMBER 1.

Applicant Signature

Date

If employed, please have employer sign below indication of support and commitment.

Employer Signature

Date

Employer Name (printed)

Title