



**Growing Business.
Building Community.**

Leadership Grand Traverse Confidential Application for Class of 2010

Leadership Grand Traverse is designed to bring together new, emerging and existing leaders from the Grand Traverse area to address pertinent community needs, strengthen individual leadership abilities and encourage participants to personally commit to assuming leadership roles in the community. Participants are selected on the basis of:

- Desire to become involved in the community*
- Present or potential leadership role in an organization*
- Ability and interest to complete the Leadership Grand Traverse program and to contribute to the Grand Traverse community in the future.*

For additional information about the Leadership Grand Traverse program, go to www.tcchamber.org and click on the Leadership Grand Traverse tab.

PERSONAL COMMITMENT TO THE PROGRAM

The 2009-2010 Leadership Sessions Schedule will be presented at orientation in September.

The Leadership Grand Traverse Program is an extensive commitment but well worth it!

If accepted into the program, your commitment will require attendance at one Leadership Session per month (approximately 8 hours or less), from October 2009 to May of 2010, plus a two-day opening retreat in October and graduation ceremony in May. **You must also commit additional time (approximately 8 hours per month) to extra activities such as class project work, homework, and non-required, but suggested learning tracks.** Each Leadership Session will begin at approximately 8:00 a.m. and end no later than 5:00 p.m.

NOTE: Attendance at the opening two-day retreat at Crystal Mountain in Thompsonville and at a day-long trip to Lansing in the fall to “experience” State Government is mandatory. **If you are unable to attend the retreat you should not apply for the program this year.**

Commitment	Time	Willing to make this Commitment?	
Orientation	60 minutes	yes	no
Opening Retreat	2 full days (October 2 & 3)	yes	no
9 Day Sessions*	8 hours	yes	no
Team Projects & Miscellaneous Homework (includes book requirement)	8 hrs/month	yes	no
Graduation	5:00 – 7:30 p.m.	yes	no

*NOTE: State Government Day is 6:00 a.m. – 10:00 p.m.

Are you willing to make these commitments and do you have the support of your employer to do so?

YES _____ NO _____

Absenteeism may result in being dropped from the program. After the opening retreat tuition is non-refundable. If you are unable to make this commitment, you should apply at a later time when you can make the full commitment.

Applicant's Full Name:			
Preferred Name For Name Tag:			
Name of Business:			
Mailing Address:			
City & Zip Code:			
Business Phone:		Fax:	
<i>We Communicate Mainly Via E-mail to the Class -</i> What e-mail addresses do you want used for all communication?			
Year of Birth:			
Years in the Grand Traverse Area			

EDUCATION

(Highest education attained, business/trade schools and/or specialized training)

Name of Institution	Degree or Level of Completion	Years attended	Area of Study

Extracurricular activities and special honors:

EMPLOYMENT

Present Employer:	
Years there:	
Present Title or Responsibility:	

PREVIOUS EMPLOYER(S)

(Beginning with most recent and continuing in reverse chronological order.)

Employer:	Title or Responsibility:	Length of Employment:

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

APPLICANT NARRATIVE

(This is your opportunity to explain why you believe you are a good candidate for this elite program)

Why do you wish to participate in Leadership Grand Traverse?

What special areas of interest or “passion” do you have that would help to energize you for community service?

Following graduation from Leadership Grand Traverse, in what ways do you envision yourself making a contribution to the welfare of our community?

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 are or have been a member)

Organization:	Length of Service:	Official Position Held:

What have you accomplished in these organizations and/or activities that you feel is important?

REFERENCES

(May be personal or professional):

Name: Business: Title: Phone: E-mail:	
Name: Business: Title: Phone: E-mail:	
Name: Business: Title: Phone: E-mail:	

All applications are subject to confidential evaluation. In addition, personal interviews with the selection committee may be necessary. All applicants will be notified by letter in mid August whether or not they have been selected to participate in the upcoming program. Since the program has a limited number of participants, if you are not selected to participate in the current program, you are encouraged to apply again.

APPLICANT SIGNATURE

DATE SUBMITTED

TUITION

Tuition for the Leadership Grand Traverse program is **\$1,750 per participant** and is payable at the time of acceptance to the program. All expenses will be covered by the tuition. Tuition payment should be made payable to the *Traverse City Area Chamber of Commerce*.

Please state how you would plan to pay for your \$1,750 tuition.

(For example: 100% sponsor, 100% personal, 50% sponsor 50% personal, etc.):

100% Sponsor _____ **100% Personal** _____

Other - Please, explain: _____

SCHOLARSHIP / TUITION ASSISTANCE

Persons who meet the following guidelines **may** be eligible for scholarship or tuition assistance.

The purpose of the scholarship/tuition assistance program is to ensure a diverse cross section of community participation in the Leadership Grand Traverse program. Consideration for full or partial scholarship will be based on the following criteria:

- A.) An employee or administrator of a non-profit organization with a past history of civic involvement who would be unable to participate without tuition assistance;
- B.) An individual with a past history of civic involvement who would be unable to participate without tuition assistance.

First consideration will be given to those individuals who request less than a full scholarship. All requests for scholarship/tuition assistance will remain confidential.

If you wish to apply for tuition assistance please state the amount and your reasons for the request:

What other means of funding have you considered or may be an option to you if this scholarship is not available?

SUBMIT YOUR APPLICATION TO:

**LEADERSHIP GRAND TRAVERSE
ATTENTION: Caryn Cleland
Traverse City Area Chamber of Commerce
202 East Grandview Parkway
Traverse City, MI 49684**

APPLICATION DEADLINE:

Friday, July 24, 2009

*You will be notified by mail by August 21, 2009
on the status of your application.
Thank you for applying!*

PLEASE DIRECT ALL QUESTIONS TO:

Doug Luciani, President & CEO – Traverse City Area Chamber of Commerce

Luciani@tcchamber.org

Direct Dial (231) 995-7108

OR

Caryn Cleland, Executive Assistant – Traverse City Area Chamber of Commerce

caryn@tcchamber.org

Direct Dial (231) 995-7107