2024-2025 Leadership Union County **PROGRAM APPLICATION**

Due no later than 5:00 pm, July 12, 2024

Please neatly print or type requested information.
*All applications are screened by the selection committee based on information provided while seeking representation from a cross section of our county. Due to a limited number of selected participants, applicants who are not selected will be notified and encouraged to reapply in subsequent years.

PERSONAL DATA

lame: Last	First	Middle
irst Name/Preferred Name:	Date of Birth: C	City of Birth:
lome Address		
Number & Street	City	ZIP
Mobile Phone: Bus	iness/Extension Phone:	Fax:
lumber of years lived/worked or owned bu	siness in Union County:	
Married, Spouses Name:	Number of Children	Ages
lobbies:		
mergency Contact Name:	Pho	ne:
Please list any Food Allergies:		
, , ,		
Begin with most recent education – Adveor or other specialized training, High	EDUCATION anced Degrees, College, Business	
Begin with most recent education – Adv	EDUCATION anced Degrees, College, Business	
Begin with most recent education – Advoor or other specialized training, Hig	EDUCATION anced Degrees, College, Business gh School.	/Trade Schools, Military Training
Begin with most recent education – Advoor or other specialized training, Hig	EDUCATION anced Degrees, College, Business gh School.	/Trade Schools, Military Training
Begin with most recent education – Advoor or other specialized training, Hig	EDUCATION anced Degrees, College, Business gh School. Dates Attended	/Trade Schools, Military Training Degree/Major

EMPLOYMENT

Present Employer:		Service date:			
Employer Address:Number & S	treet	City		ZIP	
Type of Organization:		·			
Supervisor Name:					
Work Phone:	·	Fax:			
Title or Responsibility:	Since (date):				
Briefly describe your employm	nent responsibilities:				
Previous Employment: Please ac	ccount for any active military d	luty.			
Employer	Title or Responsibi	ility	From	То	
What do you consider your highe	est career achievement to date	e?			
	COMMUNITY INV	OLVEMENT			
*List key civic, professional, relig Organization	ious, business, social, politica Official Position He			you have particip Date of Membersl	
*Special Honors or Awards for le	eadership activities:				
*Elected to Public Offices: (Include	de dates, terms of office and le	ocation)			
*If you have not been as active in circumstances have changed that			en the major ba	arrier and what	

2024-2025 Leadership Union County Employer/Sponsor/Applicant COMMITMENT

Due no later than 5:00 pm, July 12, 2024

If selected, this application has the full approval of this company/organization and applicant has our full support to participate in Leadership Union County. I have reviewed the program's schedule. I am aware of the time commitment necessary and the financial obligation.

We also understand that not all applicants can be accepted for this program in any given year and that those who are not accepted are encouraged to reapply in the future. **Nomination Form and Commitment** must be submitted with this **Application.**

Company/Organization/Firm: _____

Representative:

Title: Da	te
Payment for Tuition made to Union County Development Associat	ion for Leadership Union County (LUC)
APPLICANT COMMITMENT	& AGREEMENT
I understand that LUC is a planned learning experience and requires Opening Social, Retreat, monthly full-day sessions and Graduation &	
LUC is a cooperative effort to share experiences, knowledge, and insattend all segments of every program session. One individual's failur remaining members of the program. Participants are expected to be Class members are also expected to participate in class projects and Though emergencies do arise, any participant missing more than 2 swithdraw from the program with no portion of the tuition being refund Upon acceptance, tuition fee and/or scholarship fees must be paid in refundable at any point after the program begins.	re to attend diminishes the experiences for the on time and attend the entire session each day. It team meetings. Sessions, without pre-approval, may be asked to led. Make up assignments may be made. In full prior to the Opening Social and will not be
I have reviewed and understand the mission and program requirement devote the required time and pay my full tuition before the Opening S requirements, I will voluntarily withdraw from the program. I understate participants, any participant may be removed from the class if, in the Committee, a participant's conduct is not conducive to the work of the refundable. I will not use the name of Leadership Union County in a land/or any of this program's Partners and Sponsors. By signing this program is by selection and choice. I agree to 'hold harmless' the Pat Union County and I agree to receiving text messages and/or emails it Sponsors.	Social. If I am unable to comply with the and that, in the interest of the class experience for all opinion of the Leadership Union County Steering the group. I further understand that tuition is non-political campaign to imply endorsement from LUC application, I understand that participating in this artners, Sponsors and Organizers of Leadership
Applicant Signature:	Date:

Email forms to Joanne Lesley - ucdanewalbanyms@gmail.com
Deliver to: Leadership Union County, c/o UCDA, 135 East Bankhead Street, New Albany, MS 38652
Contact: Joanne Lesley – UCDA – 662-534-4354
Betsey Hamilton – Program Coordinator – 662-538-3424

DEADLINE for fully completed nomination and application: 5:00 pm Monday, July 12, 2024

2024-2025 Leadership Union County NOMINATION FORM

Form to be completed by employer, sponsor, or applicant

Instructions: Please complete all sections. To demonstrate the qualifications of your nominee, provide as much information and examples as possible. If necessary, attach an additional sheet.

**If self-nominating, please list a professional individual who knows of your qualifications and background.

Nomination Form is due no later than 5:00 pm, July 12, 2024, with completed application.

Nominee Name	Company				
Nominee Email		Phone			
Does the nominee exemplify profes	sionalism and interest in im	proving his/her community? How?			
Does the nominee serve as a positive	ve role model for co-workers	s and citizens? How?			
Does the nominee demonstrate lead	dership abilities and/or lead	ership potential? How?			
**Name	Profession	Phone			
I Would Like To: ☐ Apply ☐ Nominate					
Nominator/Applicant	Signatı	ıre			
Title Email		Phone			
 ☐ Tuition fee of \$250 will be paid by Applic ☐ Tuition fee of \$250 will be paid by ☐ Scholarship required for participation - A based on need. Please explain: 	limited number of partial schola	rships are available and are awarded			