



2024 LEADERSHIP-VANCE APPLICATION

Name: _____

Home Address: _____

Cell Phone: _____

Date of Birth: _____ Age: _____

Employer/Company: _____

Position or Job Title: _____

Immediate Supervisor and Title: _____

Job Responsibilities: _____

Number of Years Employed in Current Position: _____

Business Address: _____

Business Phone: _____

Email: _____

PERSONAL INFORMATION:

Spouse's Name: _____

Spouse's Occupation/Employer: _____

Children's Name(s) Ages: _____

College/Professional Training: _____

Everyone is unique. One personal or interesting fact that people would be surprised to know about is _____

(Please complete the above as the information will be used in an icebreaker during Orientation)

How did you hear about The Leadership-Vance Program? _____

Please list any professional or personal activities or organizations that you are currently involved with or have been involved with in the past three years: _____

GOALS

Why do you want to participate in the Leadership-Vance program? What will you specifically add to our program?

What are your long-range personal and professional goals?

BUSINESS/ORGANIZATION SUPPORT COMMITMENT: As this applicant’s supervisor, I understand the time and personal commitment required to participate effectively in the Leadership-Vance program. The applicant has my full support.

Signature of Supervisor: _____
Print Name and Title: _____

Tuition: if accepted into the Leadership-Vance Program, you or your employer will be billed for tuition (\$500 for Chamber members, \$750 for non-Chamber members). This will cover all costs of attending the program, including activities, graduation, meals, materials, etc. Who should be billed?
You _____ Employer/Company _____

APPLICANT’S COMMITMENT: To graduate from Leadership-Vance, attendance at all scheduled events is expected, being on time with full day participation. A maximum of two absences are allowed in order to graduate from the program. (Extreme work or personal situations are exceptions) Will your schedule allow this attendance?
Yes _____ No _____ Explain: _____

By completing this application and signing below, I am indicating my willingness to present myself as a candidate to the Selection Committee for Leadership-Vance. I understand that a limited number of applicants will be accepted and that if I am not selected for the 2024 class, you are encouraged to apply again in 2025.

Signature: _____ Date: _____

Please return completed application by 5pm, February 2, 2024 to:

Henderson-Vance County Chamber of Commerce
PO Box 1302, 414 S. Garnett Street, Henderson, NC 27536
Attention: Sandra Wilkerson
Or email it to sandra@hendersonvance.org

For further information, please call the Chamber office at 252-438-8414 or email Sandra@hendersonvance.org. If you need additional copies of the Leadership-Vance application, please copy and distribute.