



Leadership Waycross Class of 2008

**APPLICATION**

**Name:**

**Phone:**

Last

First

MI

**Home Address:**

Street

City, St, Zip

**Education:**

<u>Institution</u>	<u>Degree</u>	<u>Dates</u>

**Professional Development: Courses, Seminars, and/or Workshops**


**Present Employment:**

Employer	Title

Address

Phone

**Responsibilities:**


**Past Employment:**

<u>Employer</u>	<u>Title</u>	<u>Dates</u>

**Civic, Business/Professional, Organizational Memberships:**


**Honors, Awards, Publications:**


- 1. What is your highest responsibility, skill, or career achievement thus far?**
  
- 2. What do you hope to gain from your participation in Leadership Waycross?**
  
- 3. What challenges do you see facing the community and what role(s) would you like to play in resolving these problems?**
  
- 4. Do you have the support of your employer for the time required to participate in Leadership Waycross? YES \_\_\_\_\_ NO \_\_\_\_\_**
  
- 5. How many years have you been in the Waycross/Ware County area? \_\_\_\_\_**
  
- 6. Tuition for the program is \$600. If applicant is accepted into the 2008 Leadership Waycross class they will be billed for the tuition. Tuition must be paid in full prior the start of the program. A \$100 deposit must be included with your application.**
  
- 7. Do you need to be considered for a partial scholarship for the program?**  
If so, please indicate the amount requested: \$ \_\_\_\_\_ Note. Only partial scholarships are granted and participant will be notified if scholarship is approved.

**By submitting an application to the Leadership Waycross Program, I understand that it is mandatory that I attend Orientation Day, Bonding Retreat and Vision Retreat. In addition, 80% attendance for the balance of the days is mandatory. I also understand that if I miss more than the allotted days I will receive an unsigned diploma.**

**References:**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.	_____	_____
2.	_____	_____

**Sweatshirt size:** \_\_\_\_\_

**Applicant's email address:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A deposit of \$100 must be included with your application. You must e-mail a photograph (head shot) within 10 days of mailing the application to: [wwcocrobin@atc.cc](mailto:wwcocrobin@atc.cc) Your application will not be considered complete without the e-mailed picture or deposit.**

**Return completed application by November 1st to:**

Leadership Waycross Program  
c/o Waycross-Ware County Chamber of Commerce  
315 Plant Avenue  
Waycross, GA 31501