

Leadership Montcalm

ENROLLMENT APPLICATION

Mission: To identify and develop an informed, committed and diverse network of effective leaders.

Objectives: To **educate** current and future leaders about a broad range of current community needs and concerns. To **enhance** community leadership and management skills. To **encourage** informed individuals to serve the local community in leadership roles of their choice.



Leadership Montcalm
Attn: Michelle Adams
P.O. Box 368
Stanton, MI 48888

Leadership Montcalm welcomes participants who are residents of, employed or demonstrate active community involvement in Montcalm County, and who intend to remain in the Montcalm County area for at least two years, with a willingness to contribute to the betterment of the Montcalm County area.

(Please type or print clearly)

Last Name:	First Name:
Address:	City/State/Zip:
Phone:	E-mail:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:
Employer Name:	
Employer Address:	City/State/Zip:
Phone:	E-mail:

To keep costs down, most correspondence will be sent by e-mail when appropriate.

Please check where you wish to have correspondence regarding this program sent: Home Business

REFERENCES

Name/Title:	Address:
Phone:	City/State/Zip:
Name/Title:	Address:
Phone:	City/State/Zip:
Name/Title:	Address:
Phone:	City/State/Zip:

ATTENDANCE - *Leadership Montcalm* is a 9-month program consisting of 9 full-day sessions and 1 banquet. Attendance is critical to the success of the *Leadership Montcalm* Program. If you are unable to make a commitment, it is not in your best interest to apply at this time. No refunds will be made.

Prompt attendance at monthly sessions and banquet is required for graduation.

Given the time commitment for participation, do you have your employer's full support?

Yes No

If no, please explain your plan for participation:

ESSAY - On a separate sheet, please submit a typewritten essay response to the following questions:

1. What would you like us to know about you? Please include duration of residence in the Montcalm County area.
2. Do you expect to remain in Montcalm County for at least 2 years?
3. What are your reasons for desiring to participate in *Leadership Montcalm*? Please address your interest in the community.
4. How do you feel you can contribute to the program?
5. What are the issues you think are facing the Montcalm County area today?
6. Describe your membership and participation in community organizations.

I understand that participation in *Leadership Montcalm* involves time and financial commitments that include the following:

- One banquet and 9, one-day session scheduled from September through May
- Presentation of a Final "Issues Project"
- Application and tuition fee due no later than the 2nd Friday in August of the program year. Fee is \$300.

I do I do not, hereby give consent for the *Leadership Montcalm* Program to use my name and photograph for promotional activities and to share my essay with other class members. I understand that this is not a condition of my acceptance into the program.

I certify that the information on this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

Completed application and tuition fee is due no later than the 2nd Friday of August of the program year.

For more information contact:
Michelle Adams, Executive Director
Cell: 616-894-2350
Email: leadershipmontcalm@gmail.com

Leadership Montcalm

STATEMENT FROM EMPLOYER

I understand that participation in *Leadership Montcalm* involves time and financial commitments that include the following:

- One banquet and 9, one-day sessions scheduled from September through May
- Presentation of a Final “Issues Project”
- An application and tuition fee due no later than the 2nd Friday of August of the program year.

TUITION AND FUNDING - Tuition for Leadership Montcalm is \$300 per person and **must be received on or prior to the 2nd Friday in August** of the program year. This tuition can be paid by the employer, other sponsors, or the candidate.

I support the application of _____ for participation in the program.

Signature of Employer

Date

Fill in the following section if applicable:

If this applicant is selected for class membership, his/her employer or other sponsor will pay \$ _____ of the tuition fee.

Make check payable to: Montcalm County (with Leadership Montcalm on the memo line)

*Mailing address: Leadership Montcalm
PO Box 368
Stanton, MI 48888*

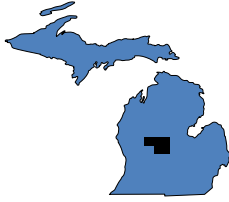
Tentative dates for *Leadership Montcalm XVII* are as follows:

Wednesday, September 6, 2017 (Banquet – Mandatory)	6:00 p.m. - 9:00 p.m.
Friday, September 8, 2017(Countywide Tour)	7:00 a.m. - 5:00 p.m.
Friday, October 13, 2017	8:00 a.m. - 5:00 p.m.
Friday, November 10, 2017	8:00 a.m. - 5:00 p.m.
Friday, December 8, 2017	8:00 a.m. - 5:00 p.m.
Friday, January 12, 2018	8:00 a.m. - 5:00 p.m.
Friday, February 9, 2018	8:00 a.m. - 5:00 p.m.
Friday, March 9, 2018	8:00 a.m. - 5:00 p.m.
Thursday, April 19, 2018 - Trip to Lansing	7:30 a.m. - 5:00 p.m.
Friday, May 11, 2018- Projects/Graduation	8:00 a.m. - 4:00 p.m.

For Office Use Only:

Date Received:

Payment Received:



Leadership Montcalm

CRIMINAL HISTORY CHECK FORM

This form is required to be completed for participants to visit the Carson City Correctional Facility during session seven of the Leadership Montcalm class.

To protect your privacy, please return the completed form in a confidential envelope!

First Name

Middle Name

Last Name

Previous, married and/or maiden names: _____

Date of Birth: _____

Month

Date

Year

Gender: ____ Male ____ Female Social Security Number: _____

Driver's License Number: _____

I give Leadership Montcalm, through the Michigan Department of Corrections, permission to check my criminal history with state and local police, as well as with any jurisdictions in other states in which I have lived.

Participant Signature

Date