



Application Deadline: June 6, 2025

The selection committee will choose participants based on their responses to the following questions. Please answer them as completely as possible on a separate printed page. **(Attach answers to your completed application form and submit two copies of all application materials.)**

Applicant Questions

1. State your professional and educational background or enclose a resume. Include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic and social organizations with which you have been or are currently involved.
2. Describe a professional or community leadership challenge you have undertaken; or, if you have not participated in professional or community activities, explain what has changed that will allow you to be involved in the future.
3. What would you contribute to the LEADERSHIP AUSTIN class?
4. In what ways do you think LEADERSHIP AUSTIN can help you develop your leadership potential? What do you expect of the program? (Please submit approximately half a printed page.)
5. Identify and discuss an issue that you feel is critical to the LEADERSHIP AUSTIN. (Please submit approximately half a printed page.)
6. Do you have the time and willingness to commit to the Leadership Austin program? **Please be aware that if a participant has more than one absence, they may be asked to leave the program with no refund.**

Program Participation

Who will pay your tuition?

- Me
 My employer
 Sponsoring organization
 Scholarship requested
 (Include request letter)

Contact Information

Full Name: _____ Preferred Name: _____ E-mail: _____

Company: _____ Your Job Title: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

List your supervisor and at least one other person/reference who may be contacted by the selection committee.

Supervisor Name: _____ Company: _____

Title: _____ Phone: _____ Email: _____

Reference Name: _____ Company: _____

Title: _____ Phone: _____

Signature of Applicant Date

Signature & Title of Applicant's Sponsor (if appropriate) Date

Return two copies of completed form, responses, and supporting attachments to:
LEADERSHIP AUSTIN, Austin Area Chamber of Commerce, 329 North Main Street, Suite 102, Austin, MN 55912



4. In what ways do you think LEADERSHIP AUSTIN can help you develop your leadership potential? What do you expect of the program?

5. Identify and discuss an issue that you feel is critical to the LEADERSHIP AUSTIN.

6. Do you have the time and willingness to commit to the Leadership Austin program? Please note: If a participant has more than one absence, they may be asked to leave the program with no refund.