

2024/2025 Leadership Marshalltown Application

Directions: Please complete each section fully. Sign & submit to address on back.

Personal Data

Name _____

Last First Middle Preferred Name

Home Address _____ Date of Birth _____

Street City Zip

Cell Phone _____ Race/Ethnicity _____

Personal Email Address _____

Emergency Contact Name & Number _____

Employment

Business _____

Name Street/Box City

E-mail _____ Phone _____

Position _____ Length of employment _____

Describe current role/responsibilities _____

Supervisor or contact person _____

Name Title

Phone E-mail

Education (Include college, trade schools, other specialized training, and high school; begin with most recent)

Institution Dates Major Degree

Tell Us A Little Bit More About You

What strengths, experiences and/or leadership would you bring to the program?

What do you hope to gain from your participation in the course? _____

What is one area where you would like to see growth or change in Marshall County in the next 5 years?

Community Involvement

| Organization | Positions Held | Dates |
|--------------|----------------|-------|
|--------------|----------------|-------|

| | | |
|--|--|--|
| | | |
| | | |

Areas of interest and/or future community involvement _____

Conditions & Agreement 2024/2025 Tentative Class Dates:

| | |
|---|------------------|
| September 12-13, 2024 – Opening Retreat | January 16, 2025 |
| October 17 | February 20 |
| November 21 | March 27 |
| December 12 | April 17 |
| *All dates are subject to change | May 15 |

By submitting this application to Leadership Marshalltown, the applicant indicates a commitment to:

1. **Attend opening retreat in full.** Acceptance to the program is contingent upon this.
2. Attend all sessions and graduation. *Participants missing more than two sessions will be asked to leave the program.*
3. Participate in the assigned homework and class sessions.
4. Seek out and accept greater community leadership roles upon completion of the program.

I understand the commitment required to succeed in Leadership Marshalltown. If selected, I will devote the required time as listed above and support the goals of the Leadership Marshalltown Program.

Applicant's signature _____ Date _____

Supervisor's signature _____ Date _____

Tuition is \$900, provides for 90 contact hours of training over the course, all meals and materials.

Who will be responsible for your tuition? Self _____ Employer _____ Other _____

A limited number of partial scholarships may be awarded. If interested, please explain your needs.

Return by July 31st 2024 to: Leadership Marshalltown • Marshalltown Area Chamber of Commerce • P.O Box 1000 • Marshalltown, IA 50158 • Phone 641-753-6645 • kbowermaster@marshalltown.org