

2024-2025

Autobiographical

Outline & Questionnaire

Please email your completed forms to:

Info@marioncountykychamber.com

Phone Number:

270-692-9594

 Leadership Lebanon

239 N. Spalding Avenue, Suite 201

Lebanon, KY 40033

Leadership Lebanon Co-Chairs:

Austin Brady

austinbrady1989@gmail.com

Deana Cissell

decissell@gmail.com

Applications must be turned in by August 1st.

Classes Meet Monthly September 2024-May 2025

 Date completed and emailed

Name

 ---------------------------------------

Last First Middle

Date of Birth Years in Lebanon area \_

Home Address Phone \_

Street City Zip

Business**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address

Street City Zip

 Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse's Name Names and Ages of Children.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you anticipate being a long term resident of Marion County? Yes No Maybe

Polo shirt size (small, medium, large, x-large, xx-large)

Phone

EDUCATION

(Begin with high school, then college(s), business or trade schools and/or other specialized training.)

Name and City of School) Dates Attended Certifications/Degree

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Extracurricul ar Activities and Special Honors or Awards for Leadership Activities

EMPLOYMENT

(Account for all periods including military duty.)

Present Employer Beginning Date \_

Present Title or Responsibility \_

Since (Date) How many days per month does your work require you to be out of the city? \_

**To meet graduation requirements, it is necessary that participants attend at least 90%, of Leadership Lebanon- Marion County courses. The orientation retreat is mandatory.**

**Are you and/or your employer willing to make such a commitment?**

Absenteeism will result in being dropped from the course. If you are unable to make a commitment, it is not in your best interest to apply at this time.

Previous employment (In reverse chronological order)

Employer Title or Responsibility From To Reason for Leaving

What do you consider your highest responsibility, skill or career achievement so far?

(Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic and/or other organizations of which you are or have been a member.)

ORGANIZATIONS AND ACTTVITES

Organization Approximate Dates of Membership Official Position

What have you accomplished in these activities that you think is important?

How much time each month do you commit to community, civic, professional and other organizations and activities?

Have you been as active in community, civic, professional and other activities as you would like to be?

 \_

If not, what have been the major barriers to your becoming involved?

ATTENDACE

**To graduate from the Leadership Lebanon-Marion County program, 90% attendance is required. The orientation retreat is mandatory and attendance at graduation is strongly urged. If you are unable to attend the orientation retreat, your membership in the class will be given to an alternate.**

***NOTE: Current Covid-19 safety guidelines will be enforced at all times and locations.***

TUITION AND FUNDING

If accepted into the Leadership Lebanon-Marion County program, you or your company (sponsor) will be billed for the tuition fee of $275, which covers most program costs, including the orientation retreat. If you do not have a sponsor and you are not able to participate for financial reasons unless you receive a scholarship, please indicate below. A minimal number of scholarships may be available. However, scholarship applicants are asked to submit relevant information for establishing financial need. (Please attach to application.)

 Yes, I wish to apply for scholarship assistance.

 My employer */* civic organization will sponsor me. Please bill.

 I will pay by personal check. Please bill.

GENERAL

What do you hope to gain from your Leadership Lebanon -Marion County experience?

In your judgment, what are the three most important pressing problems facing the Marion County area today?

Explain why and any recommendations for approaching and resolving these problems.

3 References

Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All applications are subject to confidential evaluation. Also, please make a copy

of your application in case you must reapply if not accepted into the current program year.

Applications must be received by August 01, 2024. All applicants will be notified of acceptance or non-acceptance.

Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email to:

Info@marioncountykychamber.com