



# CLASS OF 2020 APPLICATION

Name \_\_\_\_\_  
Last First Middle

First Name or Nickname Preferred \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street City Zip

Your Title \_\_\_\_\_ Email Address \_\_\_\_\_

Responsibility/Job Description (as you would like listed in program brochure) \_\_\_\_\_

Education (Begin with college(s), advanced degrees and/or specialized training)

Name and location of school	Dates (from-to)	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

How long have you lived/worked in Eau Claire? \_\_\_\_\_

You are applying as a representative of: *(Please check one of the following)*

Business  Individual  Club/Organization (Name of Club/Organization) \_\_\_\_\_

How did you learn about the program?  Employer  Newsletter  Past Participant  Other

\* Please indicate if there is a specific person we can thank: \_\_\_\_\_

Please list, in order of importance to you, up to three community, civic, professional, business, religious, social, athletic, and other organizations of which you are or have been a member:

<u>Organization</u>	<u>Approximate Dates of Membership</u>	<u>Position Held</u>
1.		
2.		
3.		

Please type on a separate sheet of paper your response to the following questions. All responses are kept in strict confidence. (Total responses should not be more than one 8½ x 11 sheet, please.) Your name should be located at the top of the 8½ x 11 sheet of paper.



1. Why are you interested in participating in Leadership Eau Claire™?
2. Identify two issues that you feel are critical to Eau Claire and discuss one of them.
3. Are there any specific community issues or areas of interest you hope the program addresses?

