

# LEADERSHIP CHESTERFIELD



## Confidential Application

*A leadership development program of the Chesterfield Chamber of Commerce.*

### Personal Data

Name \_\_\_\_\_  
Last First Middle (Preferred First Name)  
Home Address \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ Years in Chesterfield \_\_\_\_\_  
lived worked  
Birth Date \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
(if applicable)  
Email \_\_\_\_\_

### Employment

Present Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Date Hired \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Describe Your Responsibilities \_\_\_\_\_

List two previous positions held with your present employer and/or other employment:

Employer	Title	Period of Employment
_____	_____	_____
_____	_____	_____

What do you consider your most important career accomplishment to date? \_\_\_\_\_

### Community & Professional Involvement

Please list civic, professional, business, religious, social or other organizations in which you currently or previously have been a member:

Organization	Official Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state any accomplishments in the above organizations which you consider significant and explain your role: \_\_\_\_\_

If you have previously not had time or interest to become involved, what conditions have changed that now enable you to seek community involvement? \_\_\_\_\_

### References

Please list two individuals knowledgeable with respect to your leadership capabilities and your past performance:

1. Name _____	2. Name _____
Title _____	Title _____
Business Phone _____	Business Phone _____

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**General** (Please feel free to use attachments.)

Why do you think you should be selected to participate in Leadership Chesterfield? \_\_\_\_\_

What do you hope to gain from your participation in Leadership Chesterfield? \_\_\_\_\_

In your judgement, what are three most critical problems/issues facing Chesterfield today?

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
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**Tuition**

If accepted into the Leadership Chesterfield program, you or your firm will be billed for the tuition fee of \$550. Tuition covers costs plus supplies, meals, transportation and speakers during the monthly sessions. (Partial or full scholarships, based on financial need, may be available. Please indicate if your participation is contingent upon tuition assistance.)

Tuition is non-refundable and must be paid in full by \_\_\_\_\_

My tuition will be paid (check one):  personally  by my firm  I'm applying for tuition assistance

If seeking tuition assistance, please specify reasons: \_\_\_\_\_

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**Applicant Policy**

- 1.) Applicants are not required to be a member of the Chesterfield Chamber of Commerce.
  - 2.) Applicants are not required to live in the city of Chesterfield, but must work within or have an interest in the city.
  - 3.) There is no discrimination for applicants because of race, religion, sex, handicap or age.
  - 4.) Because Leadership Chesterfield is a non-political leadership development program, no announced candidates for elective offices nor an elected official may apply. A former office holder would be eligible to apply. Anyone accepted as a candidate in Leadership Chesterfield that announces his/her candidacy for elective office during the eight-month program will resign and forfeit tuition paid.
  - 5.) The steering committee reserves the right to accept or reject any applicants without cause.
  - 6.) Leadership Chesterfield has a limited number of slots available each program year.
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**Commitment**

To graduate from Leadership Chesterfield, a participant is expected to attend **all sessions**.

Session days will be scheduled at the beginning of the program. Six monthly sessions will be held one full day per month. Graduation will be held after all sessions have been completed. Monthly sessions will run from 8 a.m. to 5 p.m.

Will you be able to fulfill this commitment? \_\_\_\_\_

**Business Organization Commitment**

Applicants for the Leadership Chesterfield program must have the support and commitment of their business or organization. The signature of the head of the applicant's organization is necessary as an indication of the support of the applicant's participation in the program. I have read and understand the applicant commitment policy.

\_\_\_\_\_ has my full support for the time and personal commitment required to participate effectively in Leadership Chesterfield.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Commitment**

If selected as a participant in Leadership Chesterfield, I am willing to attend all functions sponsored by the program, and I understand that attendance is mandatory for all program days and the retreat. I understand that I am only allowed to miss the equivalent of one program day. I understand that if I fail to meet any of the obligations of the program, I may be asked to withdraw or may not graduate with my class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed applications to:**  
**Chesterfield Chamber of Commerce, 101 Chesterfield Business Parkway, Chesterfield, MO 63005**  
**Telephone: (636) 532-3399**