



# CONFIDENTIAL APPLICATION FOR SELECTION

## INSTRUCTIONS

Type or print in black ink. The Selection Committee will use this application in making their selections, so it is extremely important that each section be fully completed. Limit answers to the space available. A letter of recommendation must accompany this application. No other attachments will be considered. Application must be signed by both applicant and employer/sponsor to:

**Leadership Ascension Selection Committee  
The Ascension Chamber of Commerce  
P.O. Box 1204 / Gonzales, LA 70707-1204  
Phone: 225.647.7487 / Fax: 225.647.5124**

## PERSONAL DATA

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

Home Address \_\_\_\_\_  
City Zip Home Phone ( ) \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Do you require handicapped access or special accommodations (including dietary)? Yes \_\_\_ No \_\_\_

If Yes, what? \_\_\_\_\_

Preferred First Name (For Nametag) \_\_\_\_\_

## SELECTION INFORMATION

The Committee will be seeking a class that will reflect the diversity of the community. The following information is requested for that purpose.

Male \_\_\_ Female \_\_\_ Race \_\_\_ Birth Date \_\_\_\_\_ Years in Ascension Parish \_\_\_\_\_

## EDUCATION

Briefly summarize your educational background. List degrees/certificates received, field of study, vocational training programs, professional institutes, etc.

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**EMPLOYMENT**

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

Mailing Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

City

State

Zip

Type of Business \_\_\_\_\_

Present Title \_\_\_\_\_ Since (Date) \_\_\_\_\_

Primary Supervisor \_\_\_\_\_

Briefly describe your primary responsibilities in your employment:

Previous employment in reverse chronological order:

Employer	Title or Responsibility	From	To
_____	_____	_____	_____
_____	_____	_____	_____

**ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT**

Major volunteer role at this time:

Organization \_\_\_\_\_ Position \_\_\_\_\_

Describe responsibilities: \_\_\_\_\_

Please list the business, community, civic, political, athletic, religious, cultural or job-related organizations of which you have been a member and that have been of significance to you.

Organization	From	To	Responsibility/Positions Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL**

Why are you interested in participating in this program?

What specific skills/knowledge do you hope to gain from your participation in LEADERSHIP ASCENSION?

## COMMUNITY OPPORTUNITIES

In your judgment, what are the three most notable opportunities Ascension Parish has to offer and what do you feel needs to be done to develop one of these opportunities?

## RECOMMENDATIONS

Sponsoring Organization/Business

This candidate has my full support to participate in LEADERSHIP ASCENSION. I am aware of the time commitment involved for effective participation, as well as the financial obligation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Corporation/Business

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\*Please submit a letter of recommendation from someone, other than sponsor, who is knowledgeable about your leadership performance and potential. Include contact information.

## COMMITMENT

To graduate from LEADERSHIP ASCENSION, a participant is expected to attend all sessions. Opening Retreat (August) and Closing Retreat (June) are both mandatory. Sessions require one full weekday per month from September through May (Third Thursday every month). NO more than two absences are allowed. This policy is strictly enforced. In addition, everyone will be required to participate in a group project which will require 10 - 12 hours of outside scheduled meetings over the course of the program.

Will you be able to fulfill this time commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Tuition for each participant is: Chamber Investor: **\$950.00** / Non-Chamber Investor: **\$1175.00**  
**(Payment is not due until applicant is accepted into the Leadership Ascension program.)**

Will you be able to fulfill this financial commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you require scholarship assistance with tuition in order to participate if you are accepted? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Additional information will be required.**

I understand and acknowledge the purpose and commitment of the LEADERSHIP ASCENSION Program; and if I become a participant, I will devote the required time and effort.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date