



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 and be returned no later than July 15, 2022 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.

Gender _____ 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.

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. Due to the capped enrollment and seats available, all companies are limited to one primary candidate. A business with 200 or more employees can nominate a secondary (and must be labeled as secondary) candidate that will be considered in the event that the class does not reach capacity.

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 28-29, 2022) and Closing Retreat (June 1-2, 2023) 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 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: **\$1250.00**

(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