

PROGRAM APPLICATION Leadership Ascension Class of 2025

Applicant Last Name		First Name			MI	
Preferred Name (if c	lifferent from abov	e)	Ye		ears in Ascension Parish	
Home Address		City		State	Zip	
Mobile Phone			Office	e Phone		
Preferred Email						
Special Accommoda	tions? Describe					
SELECTION INFO	RMATION: Diver	sity Inclusion				
 Gender	Race	Birth Date		Pronouns		
EMPLOYMENT: C	Current and form	er for the last 10 years				
Company Name		Present Title		Dates		
Work Address		City		State	Zip	
Primary Supervisor				Supervisor Title		
Supervisor Phone		Supervisor Email				
Briefly describe you	r primary responsib	oilities in your employment				
Previous Employer		Title		Dates		
 Previous Employer		Title		Dates		

School	Degree/Certification	Dates
School	Degree/Certification	Dates
ORGANIZATIONS/ACTIVITIES/CO	OMMUNITY INVOLVEMENT	
Organization	Role(s)	Dates
Organization	Role(s)	Dates
GENERAL: Why do you want to p	participate in a leadership program.	
SPECIFIC: Skills/knowledge expec	ted to gain from this program.	
COMMUNITY OPPORTUNITIES:	Three notable improvement opportunities to ir	mpact Ascension Parish.
SPONSOR: Sponsoring Organizat	tion/Business – Must be a chamber member.	
	t to participate in LEADERSHIP ASCENSION. 1	
•	n, as well as the financial obligation. Due to the ate. A business with 200 or more employees o	• •
be labeled as secondary) candidat	te that will be considered if the class does not	reach capacity.
Sponsor Name	Professional Relation	nship
Corporation/Business	Title	
Phone	Email	

EDUCATION: Briefly summarize your educational background (List degrees/certificates received, field of study, etc.)



PROGRAM APPLICATION Leadership Ascension Class of 2025

RESUME: Please attach your most current resume (for program purposes). Information included in resume, must also be completed within the application. Resume attached? • Yes • No

DIGITAL HEADSHOT: Please attach a digital headshot that can be used for marketing purposes online and in print for the Ascension Chamber of Commerce and Leadership Ascension Program. Headshot attached? • Yes • No

LETTER OF RECOMMENDATION: Letter of recommendation (not your sponsor) from a colleague, or Leadership Ascension Alumni, who is knowledgeable about your leadership performance and potential. The letter should be on letterhead/company email and include contact information. Letter of Recommendation attached? □ Yes □ No

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, effort, and money understanding that refunds are not available. I have checked the dates of all MANDATORY EVENTS and SCHEDULED SESSION DATES, reviewed them with my employer and verified my reasonable ability to complete the basic attendance requirements.

Incomplete applications will be automatically disqualified from consideration for participation in the current year offering of Leadership Ascension WITHOUT EXCEPTION.

Applicant Signature		Date		
APPLICATION DEADLINE:	Friday, November 1, 2024			

SUBMITTED TO: Leadership Ascension Selection Committee Ascension Chamber of Commerce

P. O. Box 1204 | Gonzales, LA 70707-1204

info@ascensionchamber.com