



# 2019-20 PROGRAM ENROLLMENT APPLICATION

Name \_\_\_\_\_  
Mr./Ms./Dr. \_\_\_\_\_ Full Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Home e-mail \_\_\_\_\_

How long have you resided in Bucks County (if at all)? \_\_\_\_\_

Employer \_\_\_\_\_

Your position or title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Business e-mail \_\_\_\_\_

Primary Email to send Leadership correspondence (circle):     **Home**     **Business**     **Both**

*Along with this application, please email a copy of a resume or a bio with employment and education history and a headshot (office use only). In replying to the questions below, please attach additional forms for a more complete answer as needed.*

Please list business, professional, job-related, community, civic, political, athletic, religious, and cultural or other organizations in which you have been active and your role in them.

_____	_____
_____	_____
_____	_____

What do you consider to be your most significant contributions to the mission or growth of one of these organizations?

\_\_\_\_\_

\_\_\_\_\_

What specific skills/knowledge do you hope to gain from participating in Leadership Bucks County?

\_\_\_\_\_

\_\_\_\_\_

In what areas of community service and/or professional development are you most likely to utilize your Leadership Bucks County experience?

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information about yourself or your views that you feel is important for the Selection Committee to know in reviewing your application? If so, add it here or on a separate form.

\_\_\_\_\_

\_\_\_\_\_

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



## 2019-20 PROGRAM ENROLLMENT APPLICATION

### STATEMENT OF COMMITMENT

LEADERSHIP BUCKS COUNTY is planned to be a learning experience and requires attendance at **all** program sessions and completion of assignments. The program kicks-off with a Welcome at the "Get Acquainted with Your Chamber" luncheon on Tuesday, September 24 from 12:00 noon to 2:00 p.m. at LBCCC and follows below schedule:

Session 1 – Oct. 15 @ LBCCC (mandatory)  
Session 2 – Oct. 29 @ BCCC-Tyler Hall  
Session 3 – Nov. 19  
Session 4 – Dec. 17  
Session 5 – Jan. 21  
Session 6 – Feb. 18

Session 7 – Mar. 17  
Session 8 – Apr. 21  
Session 9 – May 05 (Leadership In Action)  
Graduation & Reception – May 12 @ LBCCC (mandatory)  
*\*Most sessions held at various locations.*

#### Attendance at Monthly Sessions

Class participants are expected to **attend all of the sessions** and be present for the entire session. While the Advisory Committee is aware that emergencies arise that are beyond the participants control, the participant understands that missing more than two sessions will result in the Advisory Committee's termination of participation in the program, they will not graduate, and tuition will not be refunded.

#### Attendance at Chamber of Commerce Sessions

In order to complete the LEADERSHIP program successfully, class participants are also required to attend the following Lower Bucks County Chamber of Commerce activities during the course: (One) Keynote program; (One) Business Card Exchange; (One) Board of Directors meeting; and (One) Chamber group, committee or roundtable meeting. This requirement is designed to allow the participant to experience a broad overview of the Chamber. Schedules for these functions can be found on the website at LBCCC.org under events.

#### Discovery Tool/Assessment

Leadership Bucks County consists of personal and group discovery through attribute and values indexing as well as the DISC Index which measures your preferred Behavioral style. Together they create the WHAT, WHY and HOW about you! The program also includes reading assignments and discussion devoted to Leadership Styles and Development to enhance personal awareness and effectiveness, communication skills, and the ability to adapt to and connect with others.

#### Planning a Monthly Meeting

Each participant is required to help in planning the agenda and facilitating the presentation for a portion of one day's session. The session will be planned in cooperation with other class participants and with the assistance of an Adult Leadership Committee Mentor/s.

#### Limited Privilege of Withdrawal

In the event a class participant must withdraw from the program, (a) all time payments are immediately due and shall be paid before applying any refund; (b) upon such payment, 50% of the tuition shall be refundable if notice of withdrawal is made in writing prior to seven days before the date of the first regular class session, and any unpaid balance due will be calculated on that basis. No tuition refund or amnesty will be granted for a withdrawal after the seventh day before the first regular session.

***I understand the above commitments and agree to be bound by them in submitting this application.***

***Your Name (Print)*** \_\_\_\_\_ ***Signature*** \_\_\_\_\_

***Direct Supervisor's Name (Print)*** \_\_\_\_\_ ***Signature*** \_\_\_\_\_

***Email*** \_\_\_\_\_ ***Date*** \_\_\_\_\_, 2019

**COURSE TUITION**

**Cost:** Tuition cost is \$1,000 and includes assessment, materials, refreshments and meals (other than those sponsored).

Two payment options are available for the remainder.

- 1) Balance of \$1,000 paid in full
- 2) Eight monthly payments of \$125 each will automatically be charged to your credit card starting in October.

Tuition may be paid by cash, check, money order, or major credit card unless the second payment option has been arranged.