



# Leadership Academy Class of 2018

## Confidential Application

INSTRUCTIONS: Application must be completed and signed by the candidate and sponsor (if applicable) and returned to Leadership MetroWest. The Academy begins in September 2017.

### Personal Data

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Preferred Nickname \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Employer/Sponsoring Organization \_\_\_\_\_

Your position \_\_\_\_\_

Work Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Preferred Address  Home  Work Preferred Email  Home  Work

How did you hear about the Leadership Academy? (Check all that apply.)

- Leadership Academy alumni     Employer  
 Chamber of Commerce     Friend     Other \_\_\_\_\_

### References

Please provide one personal or professional reference whom we may contact. Include name, organization and position, telephone and email.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Helen Lemoine, Executive Director  
helen@leadershipmetrowest.org  
(508) 872-6161 fax: (508) 875-9325

1671 Worcester Road, Suite 301  
Framingham, MA 01701  
[www.leadershipmetrowest.org](http://www.leadershipmetrowest.org)

**Community Involvement**

Please list (in order of importance to you) community/volunteer organizations in which you currently or in the past have participated (i.e., civic, faith-based, athletic, educational):

Organization	Your Role	Dates
1. _____		
2. _____		
3. _____		

Is there an area of community service you would like to get involved with in the future?  
\_\_\_\_\_

If yes, what and why? \_\_\_\_\_  
\_\_\_\_\_

What do you consider your greatest volunteer/community leadership contribution to date?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment**

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

Brief description of responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider your most important accomplishment or leadership contribution to date in your professional career? \_\_\_\_\_  
\_\_\_\_\_

**Education**

<u>School</u>	<u>Graduation Year</u>	<u>Area of study</u>
_____		
_____		
_____		



**Supplemental Information**

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What would you most like to take away from your Leadership Academy experience?

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What skills or assets would you bring to the Leadership Academy class?

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Please list in order of significance to you, the two most important issues challenging the MetroWest community today and why? \_\_\_\_\_

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What do you consider the most important leadership skills required to address the current challenges in MetroWest? \_\_\_\_\_

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**Commitment**

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The time commitment to the Leadership Academy program year is a mandatory two-day retreat in September and one full day each month from October-June. Program days are held on Thursdays. (See attached schedule.) Full day attendance at each session is expected. Consistent participation is vital to individual success and enriches the experience for all. Although personal and professional emergencies may arise, participants missing more than three sessions may not be eligible for graduation.

Yes, I will be able to fulfill the time commitment required to fully participate in the program.

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## **Tuition**

Tuition for the Leadership Academy is **\$1,995** (corporate candidates) or **\$1,395** (nonprofit or small business candidates). Full tuition payment is due within 30 days of notice of acceptance. An extended payment plan can be arranged by request. Tuition payment may be made by check payable to Leadership MetroWest or by credit card. Should a participant change jobs or withdraw from the program, no portion of the tuition is refundable.

Tuition will be paid

<input type="checkbox"/> Personally	<input type="checkbox"/> Single Payment
<input type="checkbox"/> Employer	<input type="checkbox"/> Payment Plan Requested
<input type="checkbox"/> Scholarship	

## **Business/Organization Agreement**

The signature (below) of the appropriate executive indicates support for the financial and/or time commitment necessary for the candidate's participation in the Leadership Academy.

Signature of sponsor \_\_\_\_\_

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

Name of Organization \_\_\_\_\_

## **Applicant's Agreement**

I understand the time commitment, attendance policy and tuition requirements for the Leadership Academy, a program of Leadership MetroWest. If selected, I am willing to devote the time necessary to be a contributing member of the Leadership Academy class.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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