

Application Deadline: September 7, 2018

The mission of Leadership Coffeyville is to develop leaders who will make a difference in the community, workplace and family.

Name	Hon	ne Address	
City	Zip	Phone (cell)	
E-mail address		Spouse's Name	
EMPLOYMENT Present Employer			
Address	C	ity Zip	
Present Title or Responsil	oility		
EDUCATION			
Begin with high school,	then college(s), busines	ss/trade schools and/or other specializ	ed training)
Name and City of Schoo	l	Date From/To	Degree/N

ORGANIZATIONS AND ACTIVITIES

Please list, in order of importance to you, up to three community, civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member.

Current Organizations

Approx. Dates of Membership

Offices Held

FUTURE ORGANIZATIONS Which community organizations would you be interested in working with in the future?				
GENERAL What do you hope to gain from the Leadership in Action experience?				
In your judgment, what are three opportunities or challenges facing Coffeyville today and what are your recommendations for approaching and resolving them? You may attach additional paper if necessary.				

Leadership Coffeyville requires attendance on specific dates. Punctual and full participation is expected.

Can you devote the required time to the class? Tuition for the Leadership Coffeyville class is \$350; th	at cost will be paid by:	
If your employer is not paying your tuition, will you n (Limited resources may be a		ipate?
Applicant's Signature	eadership Coffeyville time and financial	-

Employer's Signature______ Date _____

PO Box 625 Coffeyville Kansas 67337 Or e-mail: lisa@dreamonmarketingteam.com