



**LEADERSHIP COFFEYVILLE  
APPLICATION**

Application Deadline: August 9, 2019

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

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**EMPLOYMENT**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Present Title or Responsibility \_\_\_\_\_

**EDUCATION**

(Begin with high school, then college(s), business/trade schools and/or other specialized training)

Name and City of School

Date From/To

Degree/Major

**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.

*References*

**Name** **E-mail Address** **Phone**

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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; that cost will be paid by: \_\_\_\_\_  
If your employer is not paying your tuition, will you need scholarship assistance in order to participate?  
\_\_\_\_\_ (Limited resources may be available)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this application and understand the Leadership Coffeyville time and financial commitment it represents.

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

We agree to support Leadership Coffeyville and the commitment of time required for this employee to attend all classes.

P.O. Box 625  
Coffeyville, KS 67337  
or e-mail [cwestbrook@coffeyville.com](mailto:cwestbrook@coffeyville.com)