



A Cayuga County Chamber of Commerce Program

## **Building Tomorrow's Leaders Today**

### ***Leadership Cayuga Mission:***

To develop and enhance the leadership skills of committed citizens from a broad representation of backgrounds and to motivate them to community service and business leadership.

### **APPLICATION PACKET**

#### **LEADERSHIP CAYUGA IN A NUTSHELL**

- Learn more about the community's rich history, continuing needs, challenges and resources.
- Gain experience in group dynamics, team leadership, presentation skills, professional and personal growth.
- Have access to a network of business, government and community leaders/resources.

#### **THE APPLICATION PROCESS**

Complete the attached application and secure two references. Applications are accepted and reviewed on a *rolling admission* basis until the class is filled. Admission to the program is at the discretion of the Program Coordinator. Applications will be acknowledged within two weeks of submission. A personal interview may be requested. Class size is limited.

The **LEADERSHIP CAYUGA** program seeks individuals representing a cross section of Cayuga County, including people from business, industry, education, the arts, religion, government, and community- based organizations. Applications representing a business or organization must have the full support of that entity.

#### **COMMITMENT**

##### **Attendance**

The time commitment for class participation is approximately 70 hours from January through June. Sessions include an overnight orientation retreat, half-day sessions held on alternate Thursday afternoons, a full-day bus tour and an evening graduation. **Participation in all Leadership Cayuga sessions is required.**

Outside of class time, class members are expected to complete Scavenger Hunt activities and participate in a group project with other class members.

##### **Tuition**

Tuition is \$900.00\*, which must be paid-in-full by December 31. Limited scholarships\*\* may be available upon written request in cases of need. If you need assistance, please contact the program coordinator for further information.

\* Members of Chamber of Commerce are eligible for \$50 discount

\*\* Written request for scholarship should accompany program application

6/07



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Applicant's Name \_\_\_\_\_

**Confidential Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Preferred First Name

Home Address \_\_\_\_\_  
Number Street City Zip Code

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
Number Street City Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

*Do you prefer mail contact at home? \_\_\_\_\_ or at your workplace? \_\_\_\_\_  
Do you prefer phone contact at home? \_\_\_\_\_ or at your workplace? \_\_\_\_\_ or both? \_\_\_\_\_*

**1. Education** (Name of school, date & degree)

High

School \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Employment**

Present Employer \_\_\_\_\_ Date Began \_\_\_\_\_

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

Previous Employment Responsibility From-To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What do you consider your highest responsibility, skill or career achievement to date?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Activities:** Describe your activities and organization involvement.

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5. **Why do you want to participate in Leadership Cayuga, and what qualities do you feel you can bring to the success of the program?**

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6. **How long have you lived/worked in Cayuga County?**\_\_\_\_\_

7. **What do you think is the most significant challenge facing Cayuga County?**

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**8. Tuition**

If accepted into the Leadership Cayuga program, who should receive invoice for tuition?

Name and address \_\_\_\_\_  
\_\_\_\_\_

**9. Scholarships**

Partial scholarships are available for students with need. If you wish to apply for a scholarship, please check here, and attach a letter describing your need. \_\_\_\_\_

**10. References:** Please distribute the attached forms. Your references should return these forms directly to the Leadership Cayuga office.

My reference forms were distributed to (one should be your sponsoring employer, if applicable):

	Name	Address	Telephone
1.	_____		
2.	_____		

**11. Commitment:**

**Applicant:**

I understand the goals of Leadership Cayuga and the commitment I am being asked to make. If selected, I am willing to attend all the sessions/functions sponsored by Leadership Cayuga and devote the time necessary to be a contributing member of the class.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer/Sponsor:**

Nominees for the Leadership Cayuga program must have the support of their sponsor because of the time involved. The signature of the head of the sponsoring organization indicates this support for the nominee's participation in Leadership Cayuga.

Signature of Employer/Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Application should be sent to:

**Leadership Cayuga  
36 South Street  
Auburn, NY 13021**

**FAX 315/255-3077**

**Email leadership@cayugacountychamber.com**



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Application Reference form for

\_\_\_\_\_

The Leadership Cayuga program will focus on community issues, business growth, skill-building topics, and group projects aimed at business, government and community issues and needs. Please complete the following regarding this applicant.

Name of reference \_\_\_\_\_ Phone Number \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ years

Do you have first hand knowledge of her/his leadership ability?  
yes \_\_\_\_ no \_\_\_\_ If yes, in what capacity? \_\_\_\_\_

Do you believe this person is a good candidate for Leadership Cayuga? Please give specific reasons.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant's ability in the following areas (Your additional comments are helpful to us):

	Poor		Excellent	
	1	2	3	4
1. Initiative in the generation of ideas and/or development of special projects?	1	2	3	4
2. Working with others?	1	2	3	4
3. Ability to accomplish organizational goals and objectives?	1	2	3	4
4. Ability to see the broader scope of issues, whether in the workplace or the community?	1	2	3	4
5. Potential to emerge as a business, community, or government leader?	1	2	3	4

6. Please include any additional information and/or unique qualities of this candidate that you believe the Selection Committee should consider (Use the back as necessary).

Signature \_\_\_\_\_

Title \_\_\_\_\_



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Employer/Sponsor Reference form for

\_\_\_\_\_

The Leadership Cayuga program will focus on community issues, business growth, skill-building topics, and group projects aimed at business, government and community issues and needs. Your responses on this form will help us understand what you anticipate as benefits of participation for your employee/sponsored.

Employer/ Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_

How long has the applicant worked for you? \_\_\_\_\_

Why do you believe this person is a good candidate for Leadership Cayuga? Please give specific reasons.

What do you expect as a result of this person's participation in Leadership Cayuga? In what areas do you expect to see growth?

Please include any additional information and/or unique qualities about this candidate that you believe we should consider.

Signature \_\_\_\_\_

Title \_\_\_\_\_