



APPLICATION
PACKET

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 motivate them to community service and business leadership.

- 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 admissions basis until the class is filled. Admission to the program is at the discretion of the Program Coordinator, in consultation of the Leadership Advisory Council. 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 75-80 hours from January through June. Sessions include an overnight orientation retreat, half-day sessions held on Thursday afternoons twice each month, and a full-day bus tour and evening graduation. Your acceptance into the Leadership Cayuga class commits you to **participate in all required Leadership Cayuga sessions.**

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 before the program begins. Limited scholarships** may be available upon written request in cases of need. If you need assistance, please contact the program coordinator for further information.

* Tuition Chamber of Commerce Members is \$850.

** Written request for scholarship should accompany program application



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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. _____

Personal email _____ Work email _____

Do you prefer mail/email 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 _____

College/s _____

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.

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?

6. How long have you lived/worked in Cayuga County?_____

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

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. (Reference forms are also available electronically.)

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. I will participate in an opening overnight retreat at the beginning of the program. I will attend all required sessions/functions sponsored by Leadership Cayuga and will 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 commitment 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



A Cayuga County Chamber of Commerce Program

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 _____

Email address _____

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. 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 _____ Email address _____

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 _____