



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 \$975.00\*, 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 \$900.

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



A Cayuga County Chamber of Commerce Program

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

**Confidential Application**

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

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

Home or cell Phone \_\_\_\_\_ Home/personal email \_\_\_\_\_

Employer \_\_\_\_\_

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

Work Phone \_\_\_\_\_ 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? \_\_\_\_\_ No preference \_\_\_\_\_

**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.

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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. (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  
2 State St.  
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 \_\_\_\_\_



A Cayuga County Chamber of Commerce Program

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 \_\_\_\_\_