



Return Completed Application and Payment by September 5, 2009 to:

Libby Gierach, Executive Director
4081 Main St., Hilliard, OH 43026
info@hilliardchamber.org 876-7666

If you have a resume please attach a copy.

Please be advised that space is limited to a maximum of 25.
If your application is not accepted your deposit will be returned.

Name _____

Mailing address _____

_____ ZIP _____

Email _____

Home phone _____

Employer _____ Business phone number _____ position _____

How long have you lived or worked in the Hilliard area? lived _____ worked _____

Daytime phone _____ fax _____ Briefly describe your present work/career responsibilities. _____

Education, degrees and specialized training

Community involvement, if necessary attach 2nd sheet

What do you hope to gain from this program? _____

Tuition for the program is \$300 (\$250 if paid by September 1) and covers all program costs including the team building event and dinner at each class.

- Tuition is payable in full by the first class session unless otherwise arranged with the Executive Director.

Is your employer paying your tuition? _____ Are payments necessary? _____ A limited number of scholarships are available but are usually limited to up to half the tuition amount.

Do you require financial assistance? _____ How much? _____

Please list one unusual fact about you that can be shared with the class: _____

The Leadership Program requires a time commitment. If you are unable to commit to the schedule, it is not in your best interest to apply at this time. Have you confirmed your availability for the scheduled dates? Yes _____ No _____

Do you have the full support of your employer for the time required to participate in Leadership Hilliard activities? _____

To graduate with the class, participants are expected to:

- **Attend the mandatory Saturday activity**
- **Attend and actively participate in all class sessions**
- **Attend one scheduled City Council and Board of Education Meeting**
- **Participate in a group service project that will require additional time outside class**

I understand the purpose of the Hilliard Leadership Program and the importance of my participation in all sessions. I agree to devote the time and resources necessary to complete the program. Additionally, I understand that if I miss more than two sessions, for whatever reason, I may be unable to graduate with the class and that no portion of my tuition will be refunded.

Signature _____ Date _____