



**Please complete application and submit to:**  
**Glenda Roberts**  
**Leadership Delaware**  
**SUNY Delhi, 146 Bush Hall**  
**Delhi, New York 13753**

<b>Applicant Information</b>		
Name:	Mr. _____ Mrs. _____ Ms. _____	
Current Address:		
City:	State:	Zip Code:
Home Phone: (    )	Cell: (    )	
E-Mail (Work)	Email (Home)	
How many years residing in Delaware County:		
Current Employer:		
Employer Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Title:	# of years employed?	Supervisor:
Briefly describe your present job responsibilities:		
<b>Please list three previous positions of employment beginning with the most recent (not including present employment)</b>		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		
Employer:		
Title:	Dates Employed: From:	To:
Responsibility:		

**Education**

**Colleges Attended**  
**(Graduate/ Undergraduate/ Specialized Training Programs)**

**Name of School:**

**Address:**

**Years attended: From            To                            Major:                            Degree:**

**Name of School:**

**Address:**

**Years attended: From            To                            Major:                            Degree:**

**Name of School:**

**Address:**

**Years attended: From            To                            Major:                            Degree:**

**High School**

**Name of School:**

**Address:**

**Years attended: From            To                            Major:                            Degree:**

**Additional Education Information**

**Background Information**

**What do you consider your most significant contribution or achievement related to your professional work?**

**Please list any past or present community service involvement (if any):**

**Organization:**

**Position:** \_\_\_\_\_ **Date of Service: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of responsibilities:**

**Organization:**

**Position:** \_\_\_\_\_ **Date of Service: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of responsibilities:**

**Organization:**

**Position:** \_\_\_\_\_ **Date of Service: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of responsibilities:**

**Organization:**

**Position:** \_\_\_\_\_ **Date of Service: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of responsibilities:**

**Organization:**

**Position:** \_\_\_\_\_ **Date of Service: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Description of responsibilities:**



**Program Fee**

**The Leadership Delaware fee is \$595.00.  
Payment may be made in three installments (\$195 due by start of program,  
\$200 due by December 1<sup>st</sup>, and \$200 due by March 1<sup>st</sup>)  
Please indicate method of payment below:**

<b>My Sponsor will pay the program fee _____</b>	<b>I will pay the program fee _____</b>
<b>My Sponsor and I will share _____ The program fee</b>	<b>I will require scholarship assistance _____</b>

**Comments:**


**References**

**List three people who can be contacted regarding your qualifications to participate in the Leadership Delaware Program. (Pease do not list relatives.)**

<b>Name:</b>	<b>Title:</b>
<b>Organization:</b>	<b>Relationship:</b>
<b>Contact Phone: (    )</b>	<b>E-mail:</b>

<b>Name:</b>	<b>Title:</b>
<b>Organization:</b>	<b>Relationship:</b>
<b>Contact Phone: (    )</b>	<b>E-mail:</b>

<b>Name:</b>	<b>Title:</b>
<b>Organization:</b>	<b>Relationship:</b>
<b>Contact Phone: (    )</b>	<b>E-mail:</b>

<b>Name:</b>	<b>Title:</b>
<b>Organization:</b>	<b>Relationship:</b>
<b>Contact Phone: (    )</b>	<b>E-mail:</b>

## Commitment Guidelines

To graduate from Leadership Delaware, the participant is required to attend curriculum sessions once a month for a full day, and complete all program related assignments. See attached schedule for exact dates and curriculum outline.

### Statement of Commitment

My employer and I understand the purposes of Leadership Delaware, and if I am selected, we will commit to my attending the orientation, each monthly session, and graduation. As participants in this agreement, we fully understand that should more than TWO sessions be missed, the candidate may be dismissed from the program with no portion of tuition refunded. We also understand that candidate will be required to work on an individual and /or group project in addition to attending each monthly session. We further understand that this is a competitive selection process, and due to the limit on the number of students admitted to the program, not all applicants will be accepted.

We, the undersigned, fully understand and agree to the above commitments.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

- *Application not valid without signature of employer and/or financial sponsor.*