



LM XXIII

Date _____

This application is also available online at www.leadershipmacomb.org

Name _____
(Dr., Mr., Ms., Mrs.) Last First Preferred First Name Middle (required)

Employer _____
 Job Title _____

Driver's License Information (for use to access to secure locations – not necessary if you have a current military ID):

DL Number _____ Exp. Date _____ State _____

Work Address _____
 Number Street Suite/PO Box City Zip

Bus. Direct Phone Number _____ **Bus. E-Mail** _____

Cell Phone _____

Home Address _____
 Street Address Apt. # City State Zip

Home Phone _____

Home E-Mail _____ **Birth Date** _____

Emergency Contact Name _____ **Emergency Contact Phone** _____

Live in Macomb County Yes No No. of Years _____
 Work in Macomb County Yes No No. of years _____

Ethnicity Asian Pacific African American Caucasian Hispanic Native American
 Other: _____ I do not wish to disclose this information.

Do you have any special dietary needs or will you require special accommodations?
 If yes, please describe: Yes No

Type of Organization/Business which best describes the area(s) in which you presently work/serve:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising/Marketing/Public Relations | <input type="checkbox"/> Education | <input type="checkbox"/> Media (Newspaper/Publishing/TV/Radio) |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Environmental | <input type="checkbox"/> Non-Profit/Community Volunteer |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Government | <input type="checkbox"/> Personnel & Employment Services |
| <input type="checkbox"/> Banking/Financial/Investment | <input type="checkbox"/> Health Care (Large Institutions) | <input type="checkbox"/> Real Estate & Property Management |
| <input type="checkbox"/> Chamber of Commerce/Trade Assoc. | <input type="checkbox"/> Human Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Clergy/Religious | <input type="checkbox"/> Insurance | <input type="checkbox"/> Retail & Sales |
| <input type="checkbox"/> Communications (Telephone/Cellular/Mobile) | <input type="checkbox"/> Senior or Home Health Care | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Legal | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Design & Construction | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other |

Professional/Business Associations and Community Involvement

Organization

Position(s) or Assignments

Date

Professional and/or Civic Awards and Recognition (if any)

Recognition/Award

Awarded By:

Date:

What do you consider your most important civic contribution and why?

General Information

What do you feel are three most significant challenges facing Macomb County?

- (1) _____
- (2) _____
- (3) _____

What do you feel are the three most significant strengths of Macomb County?

- (1) _____
- (2) _____
- (3) _____

General Information Continued

What specific skills/knowledge do you hope to gain from your participation in Leadership Macomb?

- (1) _____
- (2) _____
- (3) _____

I am being nominated by: A graduate of Leadership Macomb: _____
Name Phone

Self (please list a personal reference): _____
Name Phone

Selection Criteria

Application to **LEADERSHIP MACOMB** is open to all persons living or doing business in Macomb County

The class is generally limited to approximately **50 participants** who will be selected by the **LEADERSHIP MACOMB** Selection Committee. The Committee will be seeking participation from varied business, ethnic, minority, age and gender groups to represent a cross-section of the community. Participants should be active in business, and/or professional, educational, organized labor, governmental, artistic, religious, service or community organizations.

The most important factor in selection is identifying those individuals most apt to utilize their leadership for the long-term benefit of the community. In reviewing applications, the Selection Committee looks for candidates who demonstrate the following characteristics:

- Genuine concern for the future of Macomb County and the region.
- A sincere commitment, motivation and interest to serve Macomb County and the region.
- Currently in or potential for advancement to top leadership positions within their own organization.
- Willingness and ability to make the time commitment required by the program.
- The intention of seeking appointments to community boards, commissions or key volunteer leadership positions.
- Representative of the diversity of the region.

Attendance Requirement

There are 99 contact hours in the program. As a requirement for graduation, participants must attend 79 hours, or 80%, of the monthly sessions. Attendance will be taken at each session. If you are unable to attend a session, please notify LM staff in advance.

Tentative Program Dates (dates and times are subject to change)

Leadership Macomb XXIII Opening Retreat	September 18, 2019	9:00 am – 5:00 pm
Community Assets & Issues	September 19, 2019	7:30 am – 4:30 pm
Government	October 16, 2019	7:30 am – 4:30 pm
County Commission Meeting (optional)	November 7, 2019	3:00 pm – 6:00 pm
Defense Industry	November 13, 2019	7:30 am – 4:30 pm
Arts & Culture	December 11, 2019	7:30 am – 6:00 pm
Health & Human Services	January 16, 2020	7:30 am – 4:30 pm
Education & Workforce Development	February 12, 2020	7:30 am – 4:30 pm
Business & Economic Development	March 18, 2020	7:30 am – 4:30 pm
Justice System	April 15, 2020	7:30 am – 4:30 pm
Civic Leaders Flight (optional)	TBD (typically early May)	8:30 am – 1:30 pm
Energy & Environment	May 13, 2020	7:30 am – 4:30 pm
Leadership & Community Service	May 14, 2020	7:30 am – 4:30 pm
Commencement	June 3, 2020	Evening event

Program Tuition

Tuition for **Leadership Macomb XXIII** is **\$3,100** and covers all program and material costs and one ticket to our annual fundraiser. A deposit of \$250 is required with the application and upon acceptance to the program will be applied to the tuition. Deposits are only refunded if you are not selected to participate by the Leadership Macomb Selection Committee. **Tuition must be paid in full 60 days from the date of acceptance to the program, unless other payment arrangements have been made.** A limited number of scholarships are available to qualified individuals who may not otherwise be able to participate. Call 586-954-2788 to request a scholarship form.

Refund/Cancellation Policy

Cancellations are subject to a \$250 materials fee. Cancellations must be made in writing to Leadership Macomb no later than 30 days in advance of the first session to receive a full refund (less \$250 materials fee). Cancellation after this date will be subject to refund as follows: 29-15 days- 80%, 14-7 days- 50%, 6-0 days- no refund.

Payment: My employer will sponsor my tuition I will cover the cost myself I intend to apply for a scholarship
(Check all that apply)

Program Applicant Commitment

If selected as a participant of Leadership Macomb XXIII, I will attend at least 80% of the monthly sessions. I will also make every effort to attend other functions sponsored by the program. I agree to respect and abide by the rules of host locations throughout the program. I understand that if I fail to meet any or part of this commitment, I may be asked to withdraw from the program without any refund of tuition. I understand that any false information may disqualify me from participation.

Signature _____ Date _____

Photo release: I do hereby give Leadership Macomb Inc. the right to use my name or photograph in all forms of media (print or electronic) or for any other lawful purposes. I also waive any right to inspect or approve the finished product, including written copy that may be created therewith. I understand and accept the commitments expected of me by Leadership Macomb.

Signature _____ Date _____

Employer/Sponsoring Organization Commitment

The Applicant has our full support including the time required to participate in the program. Upon receipt of invoice, our organization will pay the tuition for the Applicant.

Name/Title _____

Organization _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Signature _____ Date _____

Instructions

- Applications must be **signed** by candidate and employer or candidate's financial sponsor.
- If you wish to apply for a **scholarship**, please call the Leadership Macomb office and request a scholarship form.
- **Send electronic photo** (preferably in .jpeg or .png format) to Julie at jpetkoff@leadershipmacomb.org at time of application.
- **\$250 deposit must be submitted with application** (even if you are applying for scholarship)
- Applications received after **September 1, 2019** will incur a late fee of \$100

Please send completed application and deposit to:

Leadership Macomb, Inc.,
14460 Lakeside Cir., Suite 220
Sterling Heights, MI 48313

For more information:

Phone: 586.954.2788 or Fax: 586.792.2803

E-mail: Julie at jpetkoff@leadershipmacomb.org

Application Deadline – July 1, 2019

Applications received later may be placed on a waiting list and after September 1st will incur a late fee of \$100