

**Leadership Harrison County
Application**

Date:

Name:

First

Middle

Last

Address:

Street

City/State

Zip Code

Home Phone:

Work Phone:

Birth Date

E-mail Address

Employer:

Occupation:

Employment Address:

Street

City/State

Zip Code

Highest Level of Education:

Number of Years a Resident of Harrison County:

Birth Place

Hometown:

Community Involvement:

Describe why you would like to be a participant in this program; what you feel is your responsibility to this community and how you hope to use the leadership skills acquired from this program:

The tuition for participants is _____ due before two day retreat begins

Please check one: I will pay Employer will pay

Reference:

Name

Position

Address

Reference:

Name

Position

Address

Applicant's signature:

Please Return Application to:

Leadership Harrison County, P.O. Box 471, Corydon IN. 47112