LEAD JC

A COMMUNITY LEADERSHIP PROGRAM

NAME: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Company Name: _____

Title/Position: _____

What are you hoping to gain from LEAD JC?

What two primary strengths do you possess? Briefly explain how they have helped you or could help you in the future to develop as a leader.

1.

2.

Dates

- Tuesday, **August 12th (**9 am - 12 pm)
- Tuesday, **September 9th** (9 am - 12 pm)
- Tuesday, **October 14th** (9 am - 12 pm)
- Tuesday, **November 18th** (9 am - 12 pm)
- Tuesday, **December 9th** (9 am - 12 pm)
- Tuesday, **January 13th** (9 am - 12 pm)
- Tuesday, **February 10th** (9 am - 1 pm) 12 pm - Graduation

Personal Commitment

I agree to attend all scheduled class sessions and to give my full attention during each session. I will not be available for or engaged in work-related matters while class is in session.

Signature: _____

Applications due to Kelly@jcacc.org by 7-11-25

222 West 6th Street, P.O. Box 26, Junction City, KS 66441 | O: 785.762.2632 | Kelly@jcacc.org

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Fees

If applicant is selected, the cost for the program will be $625.

☐ **My company is a STEP OF COURAGE and has a 50% scholarship (remaining cost will be $325)**

☐ **My company is a STEP OF STRENGTH and has a full scholarship**

Please indicate how much of the fee will be paid by applicant and how much will be paid by the employer.

Employer: $_____ (Employer will be invoiced upon applicants acceptance into the program.)

Applicant: $_____ (Applicant to pay upon acceptance into the program and before August 1st.)

☐ **If you work for a non-profit or a small business and would like to know if there are any donated scholarships available please check this box and email Kelly@jcacc.org**

Company Commitment

I agree to allow the applicant to attend all scheduled class sessions.

Supervisors Name: _____

Supervisors Title: _____

Company Name: _____

Supervisors Signature: _____

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