

APPLICATION

Personal Information (please print)

Name: Last _____ First _____ Middle _____

School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student Phone: _____

Student Email: _____

Parent/Guardian: _____

Parent/Guardian daytime phone number (in case of emergency): _____

Community Involvement

Volunteer experiences and community organization:

- 1) _____ 2) _____
3) _____ 4) _____

Commitment

To successfully complete the Leadership Dickinson Program, a participant must complete a total of 80 hours through:

- Attending all sessions and graduation
- Complete assigned hours of community instruction activities outside of sessions

I agree to the attendance & commitment policy

Student's signature _____ Date _____

As parent/Guardian of this applicant, I support his/her participation & commitment to Leadership Dickinson.

Parent/Guardian signature _____

Printed name of Parent/Guardian _____

Applicant must have a minimum GPA of 2.5 to apply

School official signature (verifying GPA) _____

Printed name of School Official _____

Application & 2 References Due Friday, February 26

Return To

Dickinson Area Chamber of Commerce
314 3rd Avenue West Dickinson, ND 58601

 leadershipdickinson@gmail.com

General Information

1. Name two people in our community that you feel exemplify leadership qualities:

2. What three leadership qualities do these people exhibit that stand out in your mind?

3. Pick one of these qualities and describe a situation in which you exhibited this quality:

4. Which of these qualities would you like to improve on? _____

Why? _____

5. What do you hope to gain from being in Leadership Dickinson?

6. What does leadership mean to you?

7. What do you see yourself doing 5 years after high school graduation?



Questions?

 leadershipdickinson@gmail.com

