

Dickinson Area Chamber of Commerce Leadership Dickinson
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 Deadline Is Monday, February 28

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



REFERENCE FORM

Applicant Information (to be filled out by the applicant):

Name: Last _____ First _____ Middle _____

Home Address: _____
-

City: _____ State: _____ Zip: _____

School (please circle): Dickinson High School or Trinity High School

To the Reference

The person named above is an applicant for Leadership Dickinson. Leadership Dickinson is designed to nurture and enhance the skills of students from our community who wish to become involved in shaping the future. Leadership Dickinson offers rare opportunities to interact with community leaders and explore issues, concern and activities of our community.

The goals of Leadership Dickinson are:

Provide in depth programs that acquaint participants with community opportunities, needs, problems, and resources and allow interaction with community leaders and community businesses.

Provide an opportunity to network with students from another school and build a level of mutual trust and respect.

Foster students interest in community and volunteer experiences.

Your assistance is gratefully acknowledged. **Deadline to apply is Monday, February 28.**

Name of Reference: _____

Position/Title: _____

School/Firm/Organization: _____

Mailing Address: _____
-

City: _____ State: _____ Zip: _____

Please answer the following questions to the best of your ability:

For how long and in what capacity have you known the applicant? _____

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