

## 2011 APPLICATION INSTRUCTIONS

Congratulations on being nominated as a candidate for the Flint Hills Regional Leadership Program! We hope that you will apply to participate in this outstanding regional leadership opportunity.

Should you choose to submit an application:

1. Answer each of the questions on the application form. You may scan this application form into your computer, or retype it. Please be sure to provide all the information requested.
2. **DO NOT SUBMIT YOUR RESUME!**
3. **Due to the number of potential applicants, application forms are not to exceed 4 pages.**

4. Upon completion, submit your application:

Via email to: [sunflwre@interkan.net](mailto:sunflwre@interkan.net)

By mail:

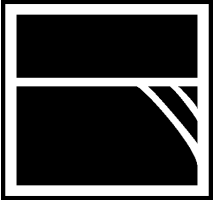
**Flint Hills Regional Leadership Program  
P.O. Box 1554  
Manhattan, KS 66505-1554**

5. Participants are expected to attend **ALL** sessions.

**NOTES: TUITION FOR THE FLINT HILLS LEADERSHIP PROGRAM IS \$600.00.**

**TUITION IS DUE ONLY AFTER YOU ARE SELECTED AS A PARTICIPANT.**

**A LIMITED AMOUNT OF SCHOLARSHIP MONEY WILL BE AVAILABLE FOR THOSE WHO ARE SELECTED AND NEED FINANCIAL ASSISTANCE**



# THE FLINT HILLS REGIONAL LEADERSHIP PROGRAM 2011 APPLICATION

Please Type

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Spouse's Name \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

*Respond to the following in the space below:*

1. State present work responsibilities:

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2. List work experience. List job and brief job description (last 10 years).

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3. List formal education, training, certificates, etc. (include dates).

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4. List present community involvement - voluntary, social, business, and professional, and the scope of your responsibilities.

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5. List past community involvement and your participation in each.

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6. List your future leadership goals.

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7. Indicate what you, your community, and the region can gain by your participation in this program.

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List three references below:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_  
3. \_\_\_\_\_ Phone \_\_\_\_\_

IF SELECTED, I WILL ATTEND ALL SESSIONS:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

I WILL NEED SCHOLARSHIP ASSISTANCE      \_\_\_\_\_ YES      \_\_\_\_\_ NO  
(Please attach a separate sheet stating the need for the scholarship.)

DEADLINE FOR APPLICATIONS IS July 15, 2011.

Please mail completed applications to P. O. Box 1554, Manhattan, KS 66505-1554