

Confidential Application

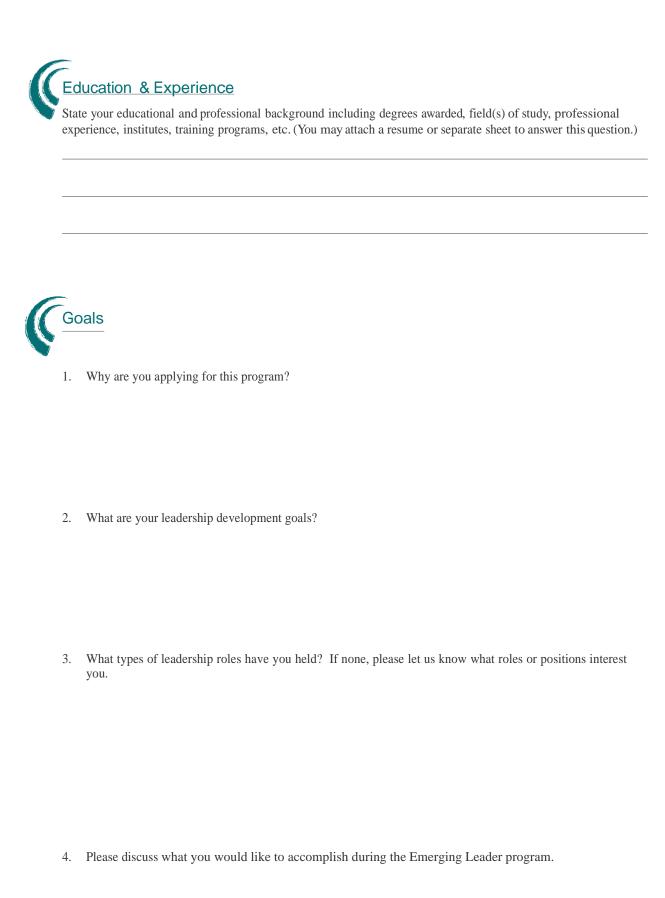
(Please Type or Print Clearly)

Our Mission:

Prepare emerging leaders for increased organizational and community leadership roles.



Last		First		M.I.
Home Address				
City/State/ZIP			Home Phone	
Business/Organization				
Business Address				
City	State	ZIP		
Business Phone	Cell Phone		Email	
Name of President or CEO				
Current Position/How long with c	company			
Sponsoring Organization (if diffe	rent from business)			
Address				
City State ZIP				
Phone			Name of President	or CEO





Applicant Signature

Tuition for the Emerging Leader program is session, meals, and materials. A limited nur unable to pay the full tuition. Scholarships by December 15 th unless prior arrangement Full tuition of \$850.00 can I request scholarship assist	mber of partial scholarships are are awarded based on need and as have been made.	available to Chamber members who are
References List two persons who have knowledge of you	our qualifications to be an Emer	rging Leader participant.
1. Full Name & Title	Phone	
Business or Home Address	City	ZIP
2. Full Name & Title		Phone
Business or Home Address	City	ZIP
Cancellation & Refund Policy 1. Cancellation must be made in writing an 5:00 p.m. on the dates specified below. 2. Cancellation on or before December 15 th , but tw the full tuition amount minus any scholar 4. Cancellations any later than the above w will be dropped from the class and will money with no refund.	will be given a full refund of to to days prior to the class oriental riship money provided to the car will be given no refund. Any can	uition paid. tion, will be given a 50% refund of ndidate. didate who misses the class orientation
Commitment In order to accomplish program objectives, necessary. Participants are expected to atte 1) Class Orientation in January - mandator 2) One full day session each month on the second 3) Monthly virtual check-ins. If selected, I am fully prepared to be an acti	ry. ond Tuesday from Feb-Jun.	

Date



Application must be received at The Chamber by October 1st. NOTE: DO NOT SEND TUITION WITH APPLICATION.

The Chamber 14305 E. Alameda Ave., Suite 300 Aurora, CO 80012 Phone 303-344-1500 Fax 303-344-1564

Email: info@aurorachamber.org Website: www.aurorachamber.org

Download Employer Authorization form from website and complete

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