

Confidential Application

(Please Type or Print Clearly)

Our Mission:

Leadership Aurora educates and prepares community leaders who are committed to shaping Aurora's future.

Personal Info				
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	company			
Sponsoring Organization (if diff	ferent from business)			
Address				
City State ZIP				
Phone			Name of President or CEO	

Education & Experience State your educational and professional experience, institutes, training programs		
onportonee, montaines, training programs	, etc. (Tou may attach a resume of sep	matic sheet to unswer uns question
_		
Tuition		
Tuition for the Leadership Aurora progrand materials. A limited number of par Scholarships are awarded based on need arrangements have been made.	tial scholarships are available to those	who cannot pay the full tuition.
Full tuition of \$1,400.00 can be pai I request scholarship assistance (ex	id xplain how much is needed, why, and	specific \$ amount - up to ½ full
Poforonoo		
	your qualifications to be a Leadership) Aurora participant.
List two people who have knowledge of	your qualifications to be a Leadership	Aurora participant. Phone
List two people who have knowledge of 1. Full Name & Title		Phone
List two people who have knowledge of 1. Full Name & Title Business or Home Address	your qualifications to be a Leadership City	Phone
List two people who have knowledge of 1. Full Name & Title Business or Home Address		Phone
References List two people who have knowledge of 1. Full Name & Title Business or Home Address 2. Full Name & Title Business or Home Address		Phone
List two people who have knowledge of 1. Full Name & Title Business or Home Address 2. Full Name & Title	City	Phone ZIP Phone
List two people who have knowledge of 1. Full Name & Title Business or Home Address 2. Full Name & Title Business or Home Address	City	Phone ZIP Phone
List two people who have knowledge of 1. Full Name & Title Business or Home Address 2. Full Name & Title Business or Home Address Employer Authorization Full support from the applicant's employ I have approved the submission of this a	City City yer is necessary to be able to effectivel application and the time, and any finan	Phone ZIP Phone ZIP ZIP Iy participate in Leadership Auroacial commitment required on our
List two people who have knowledge of 1. Full Name & Title Business or Home Address 2. Full Name & Title Business or Home Address Employer Authorization Full support from the applicant's employer	City City yer is necessary to be able to effectivel application and the time, and any finan	Phone ZIP Phone ZIP ZIP Iy participate in Leadership Auroacial commitment required on our

Applicant's Name (Please Print)



Please identify and discuss a particular issue, opportunity, or problem you feel is crucial to the Aurora area. Be prepared to possibly discuss during your oral interview.

How would you expect to use your Leadership Aurora experience?

What can you contribute to the program?



Please list the civic activities that you have participated in during the last five years. For each activity, indicate the nature of your participation. If you have not been involved in any civic activities, please explain why.

Organization/Activity	Involvement
Organization/Activity	Involvement
Organization/Activity	Involvement
Organization/Activity	Involvement



In order to accomplish Leadership Aurora's objectives, the full commitment and participation of each individual selected is necessary. Participants are expected to attend all sessions including:

- 1) Two-night mandatory opening retreat September 12-14, 2024
- 2) One full weekday session per month (October-May) third Thursday of each month
- 3) Graduation Program full-day session plus dinner, June 5, 2025
- 4) Class project and community experiences required independent of monthly class sessions

If selected, I am fully prepared to be an active participant and devote the time and energy required to complete the Leadership Aurora program. I have read and understood the Cancellation & Refund Policy.

Applicant Signature Date



Application must be received at The Chamber by July 15. All applicants must participate in a personal interview with the Selection Committee. 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

Cancellation & Refund Policy

- 1. Cancellation must be made in writing and received by the Leadership Aurora Administrator by 5 pm on the dates specified below.
- 2. Cancellation on or before September 1 will be given a full refund of any tuition paid.
- 3. Cancellation after September 1 but two days prior to the class retreat will be given a 50% refund of the full tuition amount minus any scholarship money provided to the candidate.
- 4. Cancellations any later than the above will be given no refund. Any candidate who misses the class retreat will be dropped from the class and will still be responsible for the full tuition amount minus any scholarship money with no refund.
- 5. Even though circumstances do arise, any participant missing more than two sessions may not graduate with the class, and no portion of tuition will be refunded.