



# Greater Decatur

## CHAMBER OF COMMERCE

### DECATUR LEADERSHIP INSTITUTE (DLI)

#### Confidential Program Application

#### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Years In Decatur: \_\_\_\_\_

Sponsoring Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### EDUCATION

Schools attended, field of study, professional institutes or training programs.

Extracurricular activities and special honors received in school.

#### EMPLOYMENT

Present Employer or Volunteer Involvement: \_\_\_\_\_ Date Began: \_\_\_\_\_

Present Position or Title: \_\_\_\_\_ Years In Position: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many days per month does your work require you to be out of the city? \_\_\_\_\_

Do you have the full support of your employer for the time required to participate effectively in the DLI Program? \_\_\_\_\_

#### Employment History:

#### APPLICANT'S STATEMENT: *(Use additional pages if needed.)*

What are your reasons for desiring to participate in the Decatur Leadership Institute program?

How do you feel you can contribute to the program?

**PERSONAL INFORMATION**

List community boards, committees or groups in which you have been active. (Explain the nature of your activities.)

Which community boards, committees or groups would you like to become active in the future?

What are your club memberships and professional affiliations? (State extent of involvement.)

What have you accomplished in these activities that you think is important?

How much personal time each month do you commit to community, civic and professional activities?

If you have previously not had the time or interest to become involved, what conditions have changed that now lead you to seek involvement in the community?

What honors have you received?

**FINANCES**

If you are accepted into the Decatur Leadership Institute program, you or your sponsor will be billed for the tuition fee of \$599 which is due and payable by July 31 of this year.

Tuition Bill should be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Some matching dollar tuition scholarships are available. If you wish to apply for aid, contact:

Greater Decatur Chamber of Commerce at 217/422-2200.

**THREE PERSONAL REFERENCES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

This application must be returned to Greater Decatur Chamber of Commerce, 111 E. Main, Suite 110, Decatur, Illinois 62523 by June 30 of this year. For additional information or questions, call the Chamber at 217/422-2200.