



Group XV Application Form

Please Print or Type

1. **Full Name:** _____
 (Last) (First) (MI)

2. **Home Address** Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone : (____) _____ Email: _____
 County of Residence: _____

For purposes of selecting participants who reflect the diversity of backgrounds of the people in Wisconsin, we ask that you provide the following information in questions 3-5.

3. **Birth Date:** _____

4. **Sex:** ____ Female ____ Male

5. **Ethnic origin most applicable (check one)**

- ____ Black: (not of Hispanic origin)
- ____ Hispanic: origins of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture
- ____ American Indian or Alaskan Native: origins of North America
- ____ Asian or Pacific Islander: origins of Far East, Southeast Asia or Pacific Islands
- ____ White: (not of Hispanic origin): origins of Europe, North Africa, and Middle East
- ____ Other (Specify) _____

6. **List schools attended, including high schools, colleges, short courses and continuing education.**

| Name of School | Attendance Dates from/to (mo/yr) | Graduation Date | Degree Earned | Area of Study |
|----------------|-------------------------------------|--------------------|---------------|---------------|
| | | | | |
| | | | | |
| | | | | |

7. **Employment Information:**

Business Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Business Number: _____ **Business Fax:** _____

Business Email: _____

Occupation/Title _____

Are you self-employed? ____ Yes ____ No



12. Briefly describe your most significant leadership achievement.

13. Evaluate what you believe your leadership potential is. Please be specific.

14. State your leadership goals for the next five years.

15. How do you plan to use the knowledge, skills, experience, and network you will gain from this Leadership Wisconsin experience if selected?

20. Any additional information you wish to share with us?

21. List three references. Please note: The people you ask to submit letters of reference on your behalf should forward them directly to Leadership Wisconsin. To make your request of these people, please copy and forward the attached letter to your references.

Name: _____

Address: _____

City: _____ State: ___ Zip: _____ Phone: (____) _____

Name: _____

Address: _____

City: _____ State: ___ Zip: _____ Phone: (____) _____

Name: _____

Address: _____

City: _____ State: ___ Zip: _____ Phone: (____) _____

Signature of Applicant: _____

Date



SPOUSE / PARTNER STATEMENT OF SUPPORT

I have discussed with my spouse/partner the amount of time that he/she will be gone if selected to participate in this program. He/she will be gone for eleven seminars over a two year period, July 2012 through July 2014, for approximately 55 days. Please complete this form and return with the application. Thank you!

1. Spouse/Partner Full Name:

(Last) (First) (MI)

2. Why would you like to see your spouse/partner participate in Leadership Wisconsin?

Signature of Applicant's Spouse/Partner Date

PLEASE CHECK IF THIS FORM IS NOT APPLICABLE

Note: Both the Spouse/Partner Statement of Support and the Employer/Business Partner Statement of Support must be completed and returned with this application.



EMPLOYER / BUSINESS PARTNER STATEMENT OF SUPPORT

To: Employers or Business Partners of Prospective Fellows

Many people need to be involved to make the investment required for quality leadership training. Your employee/business partner has indicated a strong commitment to leadership by applying to participate in the signature program of **LEADERSHIP WISCONSIN**.

Participants in the two-year program are expected to attend all scheduled seminars. Before we can consider your employee/business partner's application, the selection committee must know whether you will authorize time away from his/her position to allow full participation. Your commitment, as his or her employer/business partner, is necessary to enable this person to be considered as a candidate.

For additional information regarding the program and its potential value to your organization and your employee/business partner, please feel free to contact the Leadership Wisconsin office 608/263-0817 or visit our website at *www.LeadershipWisconsin.org*

I have discussed Leadership Wisconsin with _____
Name of Applicant

I understand that if he/she is selected for participation in this program, he/she will need to be absent from work for approximately 55 days during the two-year duration of the program that begins July 2012 and ends July 2014. Necessary arrangements can be made within our firm to accommodate this employee/business partner's full participation in the program. Participation in this program will not jeopardize his/her position with the firm.

Signature of Employer/Partner Date

Employer/Partner's Name: _____

Company Name: _____

Title: _____

Business Address: _____

City: _____ State: ___ Zip: _____ Phone: (____) _____

PLEASE CHECK IF THIS FORM IS NOT APPLICABLE



_____ is applying as a candidate for the signature program of LEADERSHIP WISCONSIN and they are asking you to send in a letter of reference on their behalf. The application requires a total of three different letters of reference be sent to our office by November 1, 2011.

In your letter, please address your relationship to the applicant, how long you have known them, and your reasons for supporting their acceptance into the program. We also request that you describe examples of the applicant's past leadership and what you think about their future leadership potential. Why do you think they would benefit from the program? Please address their ability to work with others, their character, reputation, open-mindedness, and the likely community perception of the applicant's selection for the program.

The Selection Committee welcomes any additional information that you feel would help us learn more about the applicant.

Briefly, LEADERSHIP WISCONSIN is a two-year intensive training program designed to develop leaders to strengthen communities. Up to thirty-five Wisconsin residents are selected for participation in the program every other year. Fellows reflect the diversity and richness of backgrounds, cultures and experiences of the people of Wisconsin. Fellows come with a broad array of backgrounds and interests yet they all have a strong desire to actively help solve their community's issues.

The program consists of eleven seminars conducted throughout a two-year period. Eight seminars are held in locations throughout Wisconsin and deal with topics such as environmental issues, technology, state government, diversity, global economics, and leadership. The program also includes a one-week national seminar conducted in Washington, DC, a one-week regional seminar somewhere in the U.S. and a two-week international seminar. For more information visit our website at www.LeadershipWisconsin.org or contact our office, (608) 263-0817

Applicants are Wisconsin residents who will be selected based on the following criteria.

- demonstrated leadership ability,
- leadership potential for the future,
- a breadth of perspective on issues,
- a knowledge of Wisconsin,
- an open mind,
- the ability to work effectively with people, and
- a commitment to fully participate in the program.

Sincerely,

A handwritten signature in black ink, appearing to read "JoAnn Stormer".

JoAnn Stormer
Executive Director