

Sauk County Institute of Leadership Nomination Form - PLEASE TYPE OR PRINT IN BLACK INK

Name: _____
First Middle I. Last Preferred first

Home Address: _____
Street address City/State Zipcode

Home telephone: _____ E-mail: _____

Current Employer: _____ Job Title/Occupation: _____

Employer Address: _____
Street address City/State Zipcode

Work telephone: _____ Work E-mail: _____

Do you prefer all mailings go to your business address? Yes No

Years in the Sauk County Area? _____

EDUCATION AND EXPERIENCE

Begin with high school, then list college(s), business/trade schools and/or any other special training/certification.

<u>School</u>	<u>Location</u>	<u>Major/Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List organizations or activities you have been involved with here or in other communities. Please indicate the name of the organization, membership dates, offices held (if any), and a brief description of your involvement. If you are not currently involved in community volunteer activities, please explain why.

What was your most significant responsibility, challenge and/or accomplishment during your participation in any of the previously named organizations?

APPLICANT'S PERSONAL STATEMENT

INDIVIDUAL COMMITMENT

To graduate from the Sauk County Institute of Leadership, a participant is required to attend all sessions -- one full weekday each month, September through May.

I understand the purposes of the Sauk County Institute of Leadership program and, if I am selected, I will devote the time and resources necessary to complete the program. I understand that attendance at all monthly sessions is critical to the understanding of the program. Absences for personal or professional reasons must be approved in advance by the SCIL program administrator or Board of Directors. Even though emergencies do arise, any person missing a portion of two or more sessions may be asked to withdraw from the program, with no portion of the tuition to be refunded.

I understand the above commitments and agree to be bound by them in signing this application.

Applicant signature

Date

TUITION

If accepted into the Sauk County Leadership Institute, who should receive the bill for tuition?

Name/Organization: _____

Mailing Address: _____

Will you need financial assistance to participate in the program? Yes No

If YES, and if you are selected, a representative of SCIL will contact you. You are encouraged to seek a sponsor if your employer is not paying the tuition.

EMPLOYER COMMITMENT

If employed, please have employer complete the following section.

The applicant has our full support to participate in the Sauk County Institute of Leadership. I understand the time commitment includes an initial two (2) day retreat followed by eight one full day per month sessions from September through May.

Employer Name / Title: _____

Firm / Organization: _____

Employer signature

Date

Return completed application by mail or in person or fax to:

Sauk County Institute of Leadership
Sauk County UW Extension
505 Broadway
Baraboo, WI 53913

Questions please Phone: 608-355-3250 Fax: 608-355-3550

If you have any questions about the program or this application, please call the UW Extension Office at (608) 355-3250.

We reserve the right to deny participation to any applicant.