

**United Way
of the Midlands**



Blueprint for Leadership

2010 Participant Application

Personal Information

Name:

Home Address:

Business Address:

Home Phone Number:

Business Phone Number:

E-mail Address:

Place of Employment:

Title:

Length of Employment:

Is there a supervisor who should be informed of the time involvement?

Yes _____ No _____

Supervisor Information:

Name:

Title:

Work Address:

Work Phone Number:

Fax Number:

Please respond to the following items:

List Community Activities:

List United Way Involvement / Experience:

Tell us about yourself:

List what you feel are top critical issues facing the community today, ranking from the highest to the lowest priority:

Do you possess any special skills or areas of expertise that you feel would benefit the Blueprint for Leadership Program? Feel free to use this space to tell us anything about yourself that you are particularly proud of.

Respond to the following question(s). Please limit responses to one page or less. Feel free to type and attach your response.

How do you anticipate the Blueprint for Leadership program will aid or enhance your personal and professional development?

In considering this application, I would like the Selection Committee to have the following additional information:

Blueprint for Leadership is a culturally diverse program, therefore demographic information is considered in the selection process

Age Range:	18-25	26-35	36-45	46-55	Over 55
Sex:	Male	Female			
Race:	African-American / Black Native American	Asian-American Caucasian	Hispanic Other		
Education;	High School Other	College	Post College	Technical	

Awards:

***Please include a copy of your resume with this application. Also include a reference from your supervisor and at least one person outside of your organization.**

I understand that participation in Blueprint for Leadership requires a substantial time commitment. If selected, I will attend all training sessions unless my absence is unavoidable. More than two (2) absences will result in failure to complete the training. I also understand that a tuition payment will be due one week prior to the first class session.

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

There are a limited number of places available in the class. The Advisory Committee will select participants from those applications received by the deadline of January 20, 2009.