Columbus Chamber of Commerce Leadership Colorado County Application - Class II 2025-2026

Name (last, first, middle)		Preferred Name for Badge
Home Address (with zip co	de)	
Name of Company / Organ	ization Business Address (with zip c	ode)
Title of Position		
Cell Phone	Business Phone	Email
Preferred means of commu	nication: Text	Email Phone
Preferred mailing address:	Home Business	
If married, spouse's name: _		
Emergency Contact:		

## Please answer the following four (4) questions or attach a resume:

- 1) Describe your current primary occupation and duties.
- 2) Describe your volunteer, civic, and community activities during the past five years, noting any special awards, honors, or achievements.
- 3) Provide information about your education, at all levels.

## Your opinion & expectations:

In your opinion what are two issues in the county or in your community that need to be addressed?

Why have you applied to participate in the leadership program and what do you expect to gain from?

Attach one photograph of yourself and two letters of recommendation.

## **Financial Responsibility:**

\_\_\_\_\_ My organization is prepared to cover tuition if I am accepted. (\$425)

\_\_\_\_\_ I will assume responsibility for the tuition if accepted. (\$425)

By submitting the application, I understand the <u>mandatory</u> attendance for Session 1 and that more than one absence will disqualify me from graduating with the Class.

Signature

Date

**Print Name** 

Send to: Columbus Chamber of Commerce Becky Nutt – Executive Director 425 Spring St. Columbus, Texas 78934 (979) 732-8385 / becky@columbustexas.org

Please make all checks payable to: Columbus Chamber of Commerce / Leadership