

Leadership Pinellas Application Questionnaire

USE THIS FORM ONLY - NO ATTACHMENTS OR REVISIONS WILL BE ACCEPTED  
Information can be computer generated and must be received by May 1, 2012  
PLEASE INCLUDE A PHOTO AND ALSO EMAIL TO: [judy@leadershippinellas.com](mailto:judy@leadershippinellas.com)

**Personal Data**

Name  
Home Address  
City, State, Zip  
Email

Prefer to be called  
Name of Spouse  
Home Phone  
Cell Phone

**Present Employment**

Business Name  
Business Address  
City, State, Zip

Business Phone  
Business Fax  
Your Title

**Responsibilities**

**Education / Honors / Special Interest**

**Community Involvement**

Community, civic, business or other organizations in which you have been active:

<u>Organization</u>	<u>Position Held</u>	<u>From/To</u>
1.		
2.		
3.		
4.		

**What Is Your Greatest Responsibility, Skill Or Career Achievement To Date?**

**Describe Your Leadership Strengths And Qualities**

**How Do You Intend To Remain Involved In Community Activities?**

**How Will Our Community Benefit From Your Participation In Leadership Pinellas?**

**Leadership Pinellas E-mail/mail to**  Home  Business

**Have you graduated from other Leadership Programs**  No  Yes

**If yes, where and when?**

**Have you applied to Leadership Pinellas before?**  No  Yes **If yes, when?**

**How Did You Hear About Leadership Pinellas?**

**Who will pay your tuition?**  Personally  Employer  Require partial scholarship

**Reason For Scholarship Request – Determination of awarding a Scholarship is at the sole discretion of the Board of Directors. If necessary, please attach a single sheet of paper explaining your need for a scholarship.**

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**Applicant Personal Commitment**

I understand the purposes of Leadership Pinellas and, if I am selected, I will devote the time and resources necessary to complete the program and I will abide by the Attendance and Participant Commitment Policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Employer/Self-Employed Agreement**

This application has the approval of this company/firm and if selected, the applicant has our full support, which includes any necessary time required to fully participate in the program. Leadership Pinellas will serve formal notification of graduation status to employer.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Deadline Postmark for application is May 1, 2012**

Please send COMPLETED AND SIGNED application along with \$25 Application fee to:  
Leadership Pinellas Selection Committee  
P.O. Box 5986,  
Clearwater, FL 33758-5986