



Leadership Racine Confidential Application

Applications are due by May 31.

For office use:
Date Received

Please answer every question as each answer contributes to our knowledge of your interests, participation and potential as a community leader and is taken into consideration for acceptance into the Leadership Racine Program ó a program of the Racine Area Manufacturers and Commerce (RAMAC).

Type your answers in the grey fields in the application below. Save this file using your name as the file name and email it to Anna Clementi at aclementi@racinechamber.com. If you have any questions, please call RAMAC, 262-634-1931, or email Anna.

Table with 2 columns and 18 rows for personal and business information including Name, Title, Company, Business Address, City, State, Zip Code, Business Telephone, FAX, E-mail, Home Address, City, State, Zip Code, Home Telephone, Cell Phone, and Residency.

Length of residency or employment in Racine

How long do you anticipate being involved in the Racine area? 5-10 years

How did you become aware of the Leadership Racine program?

Leadership Racine hopes to represent a cross-section of citizens from a variety of backgrounds. Leadership Racine graduates bring diverse perspectives to address Racine's needs. This information is optional.

Table with 3 columns and 1 row for Age, Gender, and Ethnicity.



## *I. Applicant Overview*

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One of the goals of Leadership Racine is to develop and train potential leaders thus providing the community with greater continuity in and improved quality of future decision makers.

A) Please explain what you hope to gain if selected to participate in Leadership Racine.

B) What personal strengths or experience(s) do you bring to the Leadership Racine program?

C) Define your personal concept of leadership.

D) How do you expect Leadership Racine and / or the greater Racine community to benefit from your successful completion of the program?

## II. Personal Experience

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A) Major volunteer role at this time (*if any*):

Organization:

Position:

Describe responsibilities:

B) If you have previously not had time to become actively involved, what conditions have changed that now enable you to seek involvement in the community?

C) Of the Project Environment Areas below, please rank 3 areas that you would like to work in during your Leadership Racine experience. (Mark -1- as top choice, -2- as 2<sup>nd</sup> choice and -3- as your 3<sup>rd</sup> choice.)

Children and Youth

Community Health, Equity and Safety

Culture and Arts

Education and Lifelong Learning

Employment and Economic Opportunity

Environment

Governance and Civic Engagement

Image of Racine/ Tourism

D) What honors, awards, recognition and/or achievements (personal or professional) have you received?

E) Please list (*if applicable*) in order of importance to you, up to three community, civic, professional, business, religious, social, athletic or other organizations of which you are or have been a member.

Organization:

Dates of membership:

Official position (*if any*):



Organization:

Dates of membership:

Official position (*if any*):

Organization:

Dates of membership:

Official position (*if any*):

What is your most important accomplishment in any of the previously listed activities? Why?

F) In what ways have you continued to learn after your formal education?



### III. Participant Commitment

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Participation in Leadership Racine will require a significant time commitment. If you are employed and selected to become part of Leadership Racine, the willingness of your employer to give you the time required is crucial; therefore, please provide us with the following information about your employer:

Your Supervisor      Name:  
   Title:  
   Phone:  
   Email:

Supervisor Signature  
*(if required by your organization)* \_\_\_\_\_

The above named are aware I am applying for Leadership Racine and agree to the time away from work and their tuition responsibility. I understand the purposes of the Leadership Racine program, and if I become a participant I will devote the time and energy necessary to make it a successful experience. I also understand that my submission of this application does not guarantee my acceptance in the program.

I acknowledge that as part of the Leadership Racine program, I will be taking part in exercises and activities outside the designated site(s). As with any activity of this kind, I am fully aware that there are inherent risks involved in these types of activities; therefore, I agree to hold harmless from liability the Leadership Racine program and its affiliates and funding sources for any injury I may incur as a result of taking part in the Leadership Racine program.

As an applicant for Leadership Racine:

- I have read and understand Leadership Racine's goals, participant requirements and criteria as stated on the Leadership Racine website and will devote the time and energy to make it a successful experience.
- I know the program dates/times and other program expectations which include being assigned to a team that completes a community project before graduation. This will require an additional time commitment outside of Leadership Racine's regular monthly sessions. Participation in project meetings is required.
- I understand my name will be given to community service organizations that are seeking volunteers.
- I grant permission to use my picture likeness, words, etc., for promotion of the Leadership Racine program.
- I understand that my sponsoring organization may be contacted regarding my status in meeting the Leadership Racine program requirements.
- As a graduate of Leadership Racine, a minimum of a one-year active commitment to the LR program or a community board, committee and/or commission is required, fulfilling the belief that leaders create leaders.



### *IV. Tuition/Payment Information*

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Tuition for Leadership Racine is \$1,500. Typically, tuition is paid by the participant's employer or sponsoring organization. Tuition is non-refundable. Upon acceptance in the program, a minimum non-refundable payment of \$750 is due. The balance of \$750 is due no later than the date of the first session. If preferred, the entire tuition amount may be paid at the time of acceptance.

**Scholarships:** Limited, partial scholarship dollars are available to participants who may need financial assistance.

I am requesting scholarship monies in the amount of \_\_\_\_\_ (amount) because \_\_\_\_\_ .

**Acknowledgment of Applicant:**

I have provided my supervisor with a brochure and/or program details from the Leadership Racine website.

Name:

Date Submitted:

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**Please retain a copy of your completed application for your own records.**

**To submit your application, save this file using your name as the file name and email it to [aclementi@racinechamber.com](mailto:aclementi@racinechamber.com).**

**After emailing, you will receive an email confirmation that your application has been submitted.**

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