

**MORGAN COUNTY LEADERSHIP ACADEMY  
CLASS of 2010 APPLICATION FORM**

Please type or print all information

Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Number of years resident/employed in Morgan County: \_\_\_\_\_

List community involvement (professional and social):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe why you would like to be a participant in this program; what you feel is your responsibility to your community and how you hope to use the leadership skills acquired from this program.  
*Attach an additional page if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will your \$400.00 tuition be company sponsored? \_\_\_\_ Will you be paying your own \$400.00 tuition? \_\_\_\_**

A limited number of scholarships may be available. Scholarship recipients must pay \$150 of the tuition.

REFUNDS: Requests received in writing prior to January 1, 2010 may be issued a full refund, less a \$150 administrative fee. No refunds will be issued after January 31, 2010.

I understand that successful completion of this program requires attendance at the opening retreat and graduation, plus six (6) of the remaining eight (8) sessions and that individual study may require additional meetings/time. I also understand that a tuition fee will be charged to those accepted applicants. I also understand the refund policy stated above. My signature warrants that, if my application is accepted, I will be able to devote the time and financial resources required to accept placement in this program and to participate fully in all aspects of the academy. Tuition fees must be paid in full prior to the start of the retreat.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Application must be submitted by December 31, 2009  
Morgan County Leadership Academy, 360 S. Graham Street, Martinsville, IN 46151  
or fax to Randa Powers at 765-342-1413**