

The selection committee will choose participants based on their responses to the following questions. Please answer as completely as possible on a separate printed page. Attach answers to your completed application form and submit two copies of all application materials.

1. Enclose a resume. Include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic, and social organizations with which you have been or are currently involved.

2. Describe a professional or community leadership challenge you have undertaken.

3. What would you contribute to the Albert Lea Community Leadership class?

4. In what ways do you think Albert Lea Community Leadership can help you develop your leadership potential? What do you expect of the program?

5. Identify and discuss an issue that you feel is critical to the Albert Lea area.

6. Are you willing to commit nine full days to attend Albert Lea Community Leadership Academy?

RETURN TO: Albert Lea-Freeborn County Chamber of Commerce, 132 North Broadway Ave., Albert Lea, MN 56007

Full Name:	Preferred Name:					
Company:	Title:	Title:				
Address:						
City:	State:	Zip:				
	Email:					
Home Address:						
	State:	Zip:				
City:		Zip:				
City: Personal Phone:	State: _					
City: Personal Phone: References: List your immedi selection committee.	State: ate supervisor and at least one other person who	may be contacted by the				
City: Personal Phone: References: List your immedi selection committee. Name:	State: ate supervisor and at least one other person who Company:	may be contacted by the				
City: Personal Phone: References: List your immedi selection committee. Name: Title:	State: ate supervisor and at least one other person who	may be contacted by the				

Champer eBlast	Гасероок	Supervisor	Other	Proi

Signature of Applicant

		La Cia a la a a	(if appropriate)	
	ADDUCTOD			
ugi aiu u u				



Date

Date