

# LEADERSHIP GREATER ARDMORE

## APPLICATION FORM 2021-2022

Complete only those that apply to you. Leave others blank.

### I. BASIC INFORMATION

Name:

Last	First	Middle	Name Called
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Your occupation or employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street and Number Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse Name:

Last	First	Middle	Name Called
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How long have you lived in Ardmore? Total Years? \_\_\_\_\_

Have you applied for  
Leadership Ardmore before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Any Special Dietary Needs: Yes \_\_\_\_\_ No \_\_\_\_\_  
Restrictions: \_\_\_\_\_

### II. COMMUNITY INVOLVEMENT

Please list your civic, religious, political, social or other activities in order of importance to you. Do not include business/professional activities

ORGANIZATION	DATES OF MEMBERSHIP	POSITION HELD RESPONSIBILITIES
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## LEADERSHIP GREATER ARDMORE

If you have additional significant civic, religious, political, government, social, athletic or other areas of active involvement, please list below. Include any contributions or accomplishments which you consider particularly important and your role in those accomplishments.

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### III. PRESENT EMPLOYMENT

Present title or position, if employed or self employed. (If not presently employed, please go to page 4)

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Briefly describe your employment responsibilities:

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Employment Record

List in reverse chronological order - list last three

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## LEADERSHIP GREATER ARDMORE

Which of the following categories best describe your present position?  
( A limited number of candidates will be selected in each category.)

Social Services _____	Government _____	Labor _____
Religion _____	Business/Industry _____	Media _____
Education _____	Medical _____	Law _____

Other (specify): \_\_\_\_\_

### PROFESSIONAL ACTIVITIES

Please list vocational/professional organizations in which you have been active.  
(Do not include civic organizations, public office or political activity.)

ORGANIZATION	DATES OF MEMBERSHIP	POSITION HELD RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **V PROGRAM PARTICIPATION**

What do you hope to gain from your participation in Leadership Ardmore?

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

### **VI What do you consider to be your most significant leadership contribution(s) related to your community involvement**

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

### **VII ESSAY**

Please respond to the following question in 250 words or less on a separate sheet of paper.  
Please type or print and put your name at top of essay, in case it should get separated from your application.

**If you could change any one thing in your community, what would it be?  
How would you do it? Outline a plan of action to achieve this change.**

## LEADERSHIP GREATER ARDMORE

The Leadership Ardmore program consists of ten (10) class sessions including Leadership Styles, City Government, County Government, State Government, Education, Healthcare, Crime and Criminal Justice, Economic Development, the Arts, and Volunteer Opportunities in addition to a media reception in August and a graduation banquet in May.

The class sessions are scheduled all day, usually the third Friday of each month except March which is our visit to the Capitol. Legislators are in session and this will enhance your experience.

Attendance is mandatory for the successful completion of the program. Multiple sessions may be held on the same day, however, attendance is taken at EACH session.

Specific dates will be provided to the Leadership participants in August.

Tuition is \$ 200.00. Locations of the program may vary and take place throughout the city.

### AGREEMENT

I understand:

- ♦ That completion of this application does not ensure my acceptance in the program
- ♦ That it is mandatory that I attend all Leadership Greater Ardmore sessions, and absence from more than two (2) sessions or the accumulation of partial sessions equaling two sessions will make me ineligible to graduate
- ♦ The purpose of the Leadership Greater Ardmore program and, if selected, will devote the time necessary to complete it. If appropriate, I have the approval and consent of my employer to participate in the Leadership Ardmore program.
- ♦ The commitments above and agree to be bound by them in signing this application

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

(This verifies the employer's understanding of attendance.)

Do you need to be considered for a partial scholarship for the program?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, why? \_\_\_\_\_

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

Application must be received in the Chamber office by July 30, 2021, and may be delivered or mailed to:

LEADERSHIP GREATER ARDMORE  
410 W MAIN  
PO BOX 1585  
ARDMORE OK 73402-1585

or emailed to: [apeevy@ardmore.org](mailto:apeevy@ardmore.org)

After the Selection Committee confirms class participants, you will be notified by mail or email whether or not you were chosen to participate in this year's class. Please do not send tuition with this application. An invoice will be mailed at the time of acceptance. Thanks!