



*"If your actions inspire others to dream more, learn more, do more and become more, you are a leader".*

## 2025 - 2026 Program Application

**Instructions:** Type or print in black ink. Please complete each section fully and limit answers to the space available. This application must be signed by both the applicant and the employer/sponsor. Applications are due on Friday July 25, 2025 either electronically or to the address listed at the end of this application.

Name: \_\_\_\_\_  
First Middle Last Preferred

Home Address \_\_\_\_\_

Home/Cell # \_\_\_\_\_ / \_\_\_\_\_ Years in Rockingham County \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

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

Business Address: \_\_\_\_\_  
Street / Post Office Box

\_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Company Position/Title: \_\_\_\_\_

\_\_\_\_\_  
Length of time there: \_\_\_\_\_



## EDUCATION

High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Trade School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Other: \_\_\_\_\_

## SPECIAL HONORS/AWARDS/RECOGNITION

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## CURRENT AND PAST COMMUNITY INVOLVEMENT

(Please include information for the past five years)

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How much time each month do you typically commit to community, civic, professional and other organizations of a volunteer nature?

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Describe a professional and non-professional situation where you took the lead to accomplish a task.

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Name a characteristic that you believe every leader should possess. \_\_\_\_\_

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Provide an example of failed leadership. \_\_\_\_\_

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Select a person who has had a tremendous impact on you as a leader. Why and how did this person impact your life?

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Are you a registered and active voter? \_\_\_\_\_ If not, please explain why. \_\_\_\_\_

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What are your chief hobbies and recreational interests? \_\_\_\_\_

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Why do you want to be in this program? \_\_\_\_\_

## REFERENCES

Please list two (2) people who are knowledgeable about your leadership performance/potential.

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home or Cell: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home or Cell: \_\_\_\_\_

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



## PROGRAM REQUIREMENTS

Participation in the Leadership Rockingham program requires significant time and commitment. Required sessions and activities include:

- Opening Retreat September 10, 2025
- Monthly Sessions — 2<sup>nd</sup> Wednesday of the month October through April 8:30 to 4:30
- Rockingham County Exploration Days
- Graduation Ceremony— May 13<sup>th</sup>, 2026

Your successful completion of the program is contingent upon your **full attendance** and involvement in all of the above activities. If your schedule will not permit your complete participation, please delay your application until you can make a full commitment of time to this program.

*I understand the purpose of the Leadership Rockingham program. If I am selected as a participant, I will pay my tuition by August 30th, 2025 and will devote the time as described to Leadership Rockingham.*

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Applicant's Signature

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Applicant's E-Mail Address

*I understand the time commitment required to be a participant in the Leadership Rockingham program and approve of this employee's absence if selected into the program.*

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Employer's / Supervisor's Signature

## TUITION

Tuition for participants is \$595. This amount covers all expenses including meals, program materials and retreats. Applicants will be notified by mail of their acceptance by August 2nd, 2025 and tuition is due by August 30<sup>th</sup>, 2025. (Do not include tuition with your application.)

Who will pay your tuition? \_\_\_\_\_

Financial assistance may be available. Please contact Diane Sawyer [president@reidsvillechamber.org](mailto:president@reidsvillechamber.org)

**This application must be completed and returned by Friday July 25<sup>th</sup>, 2025 either electronically or by mail to:**

Leadership Rockingham  
c/o Diane Sawyer  
PO BOX 1020  
Reidsville, NC 27323