



EDUCATION

High School: _____ Year Graduated _____

College: _____ Year Graduated _____

Trade School: _____ Year Graduated _____

Other: _____

SPECIAL HONORS/AWARDS/RECOGNITION

CURRENT AND PAST COMMUNITY INVOLVEMENT

(Please include information for the past five years)



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

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

Name a characteristic that you believe every leader should possess. _____

Provide an example of failed leadership. _____

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



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

What are your chief hobbies and recreational interests? _____

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 — 2nd Wednesday of the month October through April 8:30 to 4:30
- Rockingham County Exploration Days
- Graduation Ceremony— May 13th, 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.

Applicant's Signature

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.

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 30th, 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

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

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