



LEADERSHIP NORTHWEST INDIANA APPLICATION

Completion of this application is required prior to being considered for the program. It will remain confidential and will be reviewed only by the LNI Board of Directors and LNI Staff. Acceptance into the program is based on the applicant's overall responses to the questions, class diversity, and timeliness of application. **Please attach a current resume**, if one is available.

Leadership Northwest Indiana requires a time commitment of at least one full day each month over a ten-session period beginning in either September or February. Tuition for the program is \$1250 payable prior to the Opening Session.

Please indicate below which session you would prefer to participate in:

_____ I would prefer to start in February and graduate in December

_____ I would prefer to start in September and graduate in June

_____ No preference

Name: _____

Work Address: _____

Home Address: _____

Employer: _____

Occupation/Title: _____

Work Phone: _____ **Home Phone:** _____

E-mail: _____ **Cell Phone:** _____

Where do you want your correspondence mailed? Home _____ Work _____

Circle the best way to contact you: Work Phone Home Phone Cell Phone E-Mail

If applicable, have you received approval from your employer to attend the sessions? Yes ____ No ____

Please list two references:

1. _____

2. _____

How long have you lived in Northwest Indiana? _____ years

(over please)

List your community service/volunteer activities.

Current:

Past:

Describe your current and/or past leadership roles?

Many issues challenge leaders in Northwest Indiana. What three issues concern you most?

- 1.
- 2.
- 3.

Give us an example of how you are improving the quality of life in your community?

How do you see this program helping you serve the community in the future?

Please read the following and sign. As a condition of being accepted into the Leadership Northwest Indiana Program, I agree to attend all program sessions and to participate in required program activities. I understand that, should I miss more than two sessions, I will be placed on probationary status, and I *may* be dropped from the program. In addition, I understand that it is my responsibility to make all financial arrangement to assure that my tuition is paid fully and in a timely manner.

Signature _____ Date _____

**Please return this application to the LNI office (by mail or fax)
by January 1, 2010 for Winter session and August 1, 2010 for Fall session.**

Priority is given to early arriving applications. If any questions, call us at 219-531-0156.

Mail to:
603 E Lincolnway
Valparaiso, IN 46383

Fax to:
219-465-7259

Email to:
office@kpmgroup.biz

The mission of LNI is to increase the awareness of issues pertinent to Northwest Indiana among a diverse group of Lake and Porter County leaders while promoting a lasting network of leaders whose knowledge of the region has been enhanced through the LNI effort.