

*(Type or print using black ink)*

*The purpose of Leadership Abilene is (1) Identify and motivate potential leaders (2) acquaint them with community needs (3) provide insight into techniques opportunities and challenges of leadership (4) explore alternate perspectives for community challenges (5) encourage new leaders to community involvement. Leadership Abilene strives to expose participants to the many services, resources, organizations, and businesses that make Abilene unique. Each month the group will attend presentations, tour facilities, and interact with representatives from local businesses, non-profit organizations, educational institutions and public offices. The Leadership Abilene program accepts up to 36 participants.*

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Name for Nametag \_\_\_\_\_

Business name as you want it published \_\_\_\_\_

Business address \_\_\_\_\_

Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Job title \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are married: Spouse name \_\_\_\_\_

No. of children \_\_\_\_\_ Names and ages \_\_\_\_\_

Home address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Total number of years lived in Abilene area \_\_\_\_\_ How does the Abilene area fit into your future plans?

What is your preferred method of communications? \_\_\_\_\_ Are you a registered voter? \_\_\_\_\_

How do you learn of City/County/State/Federal issues and events? *(Check all that apply)*

Newspaper: Print  On-line  News websites   
Television  Radio  Social media

Other \_\_\_\_\_

Who recommended this program to you? \_\_\_\_\_

Have you submitted an application to Leadership Abilene in the past? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

**EDUCATION**

Provide a summary of your educational background beginning with High Schools, then Colleges, Graduate Schools, Business/Trade Schools and/or other Special Training. (Attach additional page if necessary.)

NAME & CITY OF SCHOOL	DATES (FROM – TO)	DEGREE	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT**

Account for all periods including military service.

Present employer \_\_\_\_\_ Date Began \_\_\_\_\_  
Present title \_\_\_\_\_ Since (Date) \_\_\_\_\_

Previous employment: (Last five years)

COMPANY/LOCATION	POSITION	DATES (FROM – TO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discuss what leadership responsibilities you have in your present position of employment.

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

Discuss what leadership responsibilities you had in your previous employment.

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

**EXPECTATIONS & GOALS**

The goal of LEADERSHIP ABILENE is to provide information and education about the diversity of this community, its strengths, weaknesses, resources and challenges. What specific expectations do you have for this program?

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What are your goals for future involvement in the community?

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Please list your strengths (up to three) that help qualify you as a leader.

1.

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2.

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3.

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In your opinion, what are the three most pressing issues facing our community today?

1.

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2.

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3.

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**ORGANIZATIONS AND ACTIVITIES**

List key community, civic, professional, business, religious, social, and other organizations of which you have been a member and/or leader, in order of their value to you.

ORGANIZATION	DATE	LEADERSHIP POSITIONS
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

How many hours per month are you currently committing to the activities of community, civic, professional, business, religious, social and other organizations? \_\_\_\_\_

Have you been as involved in these activities as you would like to be? \_\_\_\_\_

If not, what have been major barriers to your involvement?

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Please list three individuals as references and attach two professional reference letters.

NAME & COMPANY ADDRESS TELEPHONE

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### PROGRAM INFORMATION

#### ANTICIPATED 2024-2025 SESSION DATES

Friday	September 13, 2024	Orientation ( <b>MANDATORY</b> )
Thursday	October 10, 2024	Economic Development Program
Thursday	November 14, 2024	City/County Govt. Program
Thursday	December 12, 2024	Servant Leader Program
Thursday & Friday	January 23 & 24, 2025	State Government/Austin Trip
Thursday	February 13, 2025	Education Program
Thursday or Friday	March 20 or 21, 2025*	Dyess Air Force Base Program
Thursday	April 10, 2025	Health Program
Thursday	May 1, 2025	Make up Day or Service Project Day

\* Dyess AFB date could change depending upon scheduling/base ops.

Thursday May 8, 2024 Graduation Dinner/Ceremony  
(This is not considered a session/program date. The Graduation Dinner/Ceremony will be for you and a guest.)

Attendance at each of the nine monthly sessions is important. Each session has a different focus, and the networking opportunities, information and experiences are not repeated. It is mandatory that the participant **attend seven of nine sessions** – all of the Orientation session **and** an additional six of the eight remaining sessions. Attendance is taken throughout the day. A proportional absence is recorded if, for example, a participant leaves during part of the day or leaves a session early.

Can you commit the time required for you to participate effectively in the Leadership Program? \_\_\_\_\_

Do you have any food allergies? If so, please state.

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**APPLICATION DEADLINE:**  
**Return completed application to:**

**Sunday, June 30, 2024**  
LEADERSHIP ABILENE 2025  
Abilene Chamber of Commerce  
PO Box 2281, Abilene, TX  
79604

Applications must be postmarked by the deadline or personally delivered to the Abilene Chamber of Commerce office at 400 Pine Street., Suite 500 or P.O. Box 2281, Abilene, TX 79604. Chamber office hours are Monday – Thursday from 8:30 a.m. to 5:00 p.m. and Friday – from 8:30 a.m. to 12:00 p.m.

**\*Applicants may be called in for personal interviews.**  
**\*Applicants will be notified of participation no later than August 9, 2024.**

**TUITION: Do not send any tuition payment and/or deposit with application.** The tuition for participants of **Chamber member organizations** is **\$1,500**. Tuition for **non-member participants** is **\$1,700**. Tuition covers all meals, transportation, lodging, class shirts/name tags, and miscellaneous program-related expenses. The tuition is payable in full **on or before September 11, 2024**. Please provide the name of the company, organization, or individual responsible for your tuition fee:

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### SIGNATURES

**APPLICANT:**

I understand that if I am selected to participate in Leadership Abilene, I am expected to attend all nine sessions. I understand that I **must** attend the Orientation session and a minimum of **seven of the nine sessions** to graduate. I am aware that I will be encouraged to participate in additional extra-program experiences offered throughout the year and a class project that will enhance my Leadership Abilene experience.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EMPLOYER:**

I understand that effective participation in, and graduation from, Leadership Abilene 2024 requires a time commitment by my employee. I am aware of the schedule listed above and will allow my employee to be away from work as required by the program.

\_\_\_\_\_  
Supervisor/ Employer Signature

\_\_\_\_\_  
Date