

APPLICATION

A program of the Abilene Chamber of Commerce (September 2025 – May 2026)

(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 wa	nt it published				
Business address					
Business phone			Cell phone		
Job title		E-mail	:		
If you are married: Spous	e name				
No. of childrenN	ames and ages				
Home address					
Telephone		E-mail			
Total number of years lived	d in Abilene area	How does the	Abilene area fit i	nto your futur	e plans?
What is your preferred met	hod of communicatior	ns?	Are you	a registered v	oter?
How do you learn of City/C	ounty/State/Federal is	ssues and events?	(Check all that a	pply)	
Newspaper: Print □ Televisio	On-line □ Net on □ Radio	ws websites □ □ Social m	nedia □		
Other					
Who recommended this pr					
Have you submitted an ap	olication to I eadershir	o Abilene in the pas	it? If v	ves. how man	v 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 s	ervice.			
Present employer	Date Began	Date Began		
Present title	_ Since (Date)	Since (Date)		
Previous employment: (Last five years)				
COMPANY/LOCATION	POSITION	DATES	(FROM – TO)	
Discuss what leadership responsibilities y	ou have in your present position of a	mployment		
Discuss what leadership responsibilities y	ou have in your present position of er			
Discuss what loodership recognibilities w	ou had in your provious amployment			
Discuss what leadership responsibilities y	ou nad in your previous employment.			

EXPECTATIONS & GOALS

		education about the diversity of this community, its xpectations do you have for this program?
What are your goals for future involver	ment in the community?	
Please list your strengths (up to three)	that help qualify you as a lea	ader.
1.		
2.		
3.		
In your opinion, what are the three mode.	st pressing issues facing our	community today?
2.		
3.		
	ORGANIZATIONS AND A	ACTIVITIES
	l, business, religious, social,	and other organizations of which you have been a
ORGANIZATION	DATE	LEADERSHIP POSITIONS
How many hours per month are you coreligious, social and other organization	urrently committing to the act	ivities of community, civic, professional, business,

•	lved in these activities as you wo		
if not, what have been	major barriers to your involvement	nt?	
Please list three individ	uals as references and attach two	o professional reference letters.	
NAME & COMPANY	ME & COMPANY ADDRESS		TELEPHONE
	PROGRAM	INFORMATION	
	ANTICIPATED 2025	-2026 SESSION DATES	
Friday Thursday Thursday Thursday Thursday & Friday Thursday Thursday Thursday or Friday Thursday Thursday Thursday * Dyess AFB date could cl	September 12, 2025 October 9, 2025 November 13, 2025 December 11, 2025 January 22 & 23, 2026 February 12, 2026 March 19 or 20, 2026* April 9, 2026 May 7, 2026 hange depending upon scheduling/ba	Orientation (<i>MANDATORY</i>) Economic Development Pro City/County Govt. Program Servant Leader Program State Government/Austin Tr Education Program Dyess Air Force Base Progr Health Program Make up Day or Service Program see ops.	gram ip ram
Thursday (This is not considered	May 14 2026 a session/program date. The Gr	Graduation Dinner/Ceremo aduation Dinner/Ceremony will be t	
opportunities, information sessions – all of the C	on and experiences are not repea Drientation session <u>and</u> an addition Droportional absence is recorded	ortant. Each session has a different ated. It is mandatory that the particip onal six of the eight remaining sess if, for example, a participant leave	oant <u>attend seven of nin</u> sions. Attendance is take
Can you commit the t	ime required for you to particip	pate effectively in the Leadership	Program?
Do you have any food	l allergies? If so, please state.		

APPLICATION DEADLINE: Return completed application to:

Sunday, June 30, 2025 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.

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, 2025. Please provide the name of the company, organization, or individual responsible for your tuition fee:

SIGNATURES

APPLICANT:	
understand that if I am selected to participate in Leadership understand that I <u>must</u> attend the Orientation session and a r am aware that I will be encouraged to participate in additional and a class project that will enhance my Leadership Abilene of	minimum of <u>seven of the nine sessions</u> to graduate. I I extra-program experiences offered throughout the year
Applicant Signature	Date
EMPLOYER:	
understand that effective participation in, and graduation frocommitment by my employee. I am aware of the schedule liswork as required by the program.	

Date

Supervisor/ Employer Signature

^{*}Applicants will be notified of participation no later than August 8, 2025.