

LEADERSHIP INSIGHT, INITIATIVE & VISION

(Include attached pages if additional space is required.)

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

Tell us about a time you identified a problem and took initiative to address it. What happened?

Who are the types of people or groups you naturally connect with—and how have you used those relationships to create impact?

What conversations, access, or experiences would make this program valuable to you?

Where do you see yourself contributing in the Abilene community over the next 3–5 years?

What is one issue facing Abilene that you believe is misunderstood or poorly addressed, and what would you change?

Why is this the right time for you to participate in Leadership Abilene?

ORGANIZATIONS AND ACTIVITIES

List up to 5 organizations you've been involved with and describe your specific contribution or impact in each.

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

APPLICATION DEADLINE: Sunday, June 30, 2026

Return completed application with reference letters to:

LEADERSHIP ABILENE 47
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 7, 2026.**

TUITION: The tuition for participants of **Chamber member organizations** is **\$1,600**. Tuition for **non-member participants** is **\$1,800**. Tuition covers all meals, transportation, lodging, class shirts/name tags, miscellaneous program-related expenses, and the first year of Leadership Abilene Alumni Association membership. **Do not send any tuition payment and/or deposit with application.** The tuition is payable in full **on or before September 9, 2026.**

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

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 total program days.*

I am aware that I will be encouraged to participate in extra-program add-ons, offered throughout the year, that will enhance my overall Leadership Abilene experience. (Participation in add-ons does not affect graduation requirements).

Applicant Signature

Date

EMPLOYER:

I understand that effective participation in, and graduation from, Leadership Abilene 47 requires a significant 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 for the above listed program days.

Supervisor/ Employer Signature

Date