

2017 LEADERSHIP OLATHE STUDENT APPLICATION

*Over Thirty Years of Building Community Leadership
A program of the Olathe Chamber of Commerce*

Application to Leadership Olathe is open to persons who have or are currently living, attending school or working in the Olathe area. Class participants are chosen by the Leadership Olathe Steering Committee and their respective school administration on their own merits based upon the information contained in the following application. All candidates must have the full support of the school, and/or organization they represent, as Leadership Olathe requires a serious commitment of time and focus. Attendance at all sessions is mandatory. In reviewing the applications, Leadership Olathe looks for potential participants who demonstrate the following criteria:

- A commitment and motivation to serve the community.
- A demonstrated background of community involvement or a sincere commitment to become involved.
- A history of leadership or evidence of potential leadership in one's school, career or organization.
- The ability to make the time commitment required by the program.

High school students are required to submit a student application to their school administrator. **The school may recommend students to the Leadership Olathe selection committee no later than November 11, 2016. School administrators may apply for youth scholarships by submitting a scholarship request form found at www.olathe.org.** Limited scholarship funds are available for those in need and meet tuition assistance guidelines and criteria. Scholarship request form must be completed and submitted with application to be considered for financial assistance. Tuition includes meals, materials, meeting space and out-of-town transportation when appropriate. In order to be considered for selection, all nominees must complete the following application. However, completing this application does not guarantee selection.

In order for this application to be deemed eligible, all questions must be answered. You are required to submit two letters of recommendation to this application. **This completed application must be received no later than Friday, November 11, 2016. You may mail or e-mail this application. Letters of recommendation must be attached to application, and if e-mailed, must include appropriate scanned signatures. Candidates will be announced by December 16, 2016.** Please read all instructions carefully. If you have any questions, please contact Beth Felski at bafelski@gmail.com.

I. Contact Information

First Name _____ Middle Initial ____ Last Name _____ Birth Date _____

Preferred First Name _____

Home Mailing Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone # (____) _____ Mobile (____) _____

Email _____

Parent or Legal Guardian name _____

Parent or Legal Guardian emergency contact number _____

II. Education

Name of high school you attend: _____

High School Principal: _____

III. Employment

List any current job or past employment with job title and employer:

III. You and Your Community

Number of years in the Olathe area: _____ years

List all extra curricular activities you currently participate in:

Hobbies/Interests _____

Complete these sentences: I am most proud of _____.

My greatest strength is my ability to _____.

Few people know I can _____.

A. In your opinion, what is the one greatest asset of our community today?

B. In your opinion, what is the one greatest challenge facing our community?

C. Describe a situation when you utilized your own leadership skills in motivating a team:

D. Explain how you have had to deal with a conflict situation and how you resolved it:

E. What is your definition of a leader?

F. How much time do you currently (or hope to in the future) commit to volunteer activities? _____ Hours per month

G. List any volunteer political, social, civic, or religious organizations in which you are currently active:

Organization	Position (member, officer, etc.)
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H. What do you consider your most important accomplishment in one of the above organizations and why?

I. What type of volunteer activities would you like to become active with in the future?

J. Do you have any political aspirations? ____Yes ____No ____ Possibly in the future.

IV. Purpose

A. What motivated you to apply for this program?

B. What do you hope to gain from your participation in the Leadership Olathe program?

C. What do you think you can personally contribute to your community?

D. How did you learn of the Leadership Olathe program or if nominated, please list the name/organization who nominated you?

V. References

Please list two persons who are knowledgeable about your leadership performance and potential. Submit a letter of recommendation from each of the persons listed below with your application.

1. Name _____ Title _____

Firm/Organization/School _____ Phone # _____

2. Name _____ Title _____

Firm/Organization/School _____ Phone # _____

VI. Commitment Attendance at all Leadership Session is mandatory. Please refer to Program Schedule

A. Applicant Signature

With my signature, I swear that all statements in this application are true. I understand the purpose of Leadership Olathe and if I am selected, I will devote the time and resources necessary to complete the program. I further understand that my attendance at all sessions is mandatory. I also understand the above commitments and agree to be bound to them by signing this application.

Signature of Applicant _____ **Date** _____

B. School Administrator Signature

As a school administrator, I will support this applicant's participation in the 2017 Leadership Olathe program by assuring that this applicant can attend each session and his/her teachers/coaches understand the commitment of participating in the program sessions.

Signature of School Administrator _____ Title _____

C. Parent/Guardian Signature

As the parent, I will support this applicant's participation in the 2017 Leadership Olathe program by assuring that this applicant can attend each session.

Signature of Parent / Guardian _____ Date _____

Relationship to student _____

Return this completed application to your school's administration office.

Administrators Submit to
The Olathe Chamber of Commerce/Leadership
Attn; Beth Felski, bafelski@gmail.com
18001 W. 106th Street, Suite 160
Olathe, KS 66061

