



Leadership Tuscarawas  
330 University Dr., NE  
New Philadelphia, OH 44663  
Phone: 330-308-7437 E-mail: [wbeisel@kent.edu](mailto:wbeisel@kent.edu)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

Please read carefully. Failure to follow instructions may prevent the application from being considered.

- Complete each section in full
- Please type or print in dark ink (if printed, applications must be clearly legible).
- This form requires a signature and must be returned via mail or scanned and emailed to [wbeisel@kent.edu](mailto:wbeisel@kent.edu)
- Applications must be signed by the applicant and the applicant's employer or supervisor, as well as the financial sponsor if someone other than the applicant will be paying the tuition.
- **Application deadline is April 15.** All approved applicants will be notified by May 11 of acceptance into the next class.

### Selection Criteria

- If employed, applicants must have the full support of their employer or supervising organization. Individuals not affiliated with a business or organization may also apply.
- Participants for the upcoming Leadership Tuscarawas class will be selected by the Selection Committee made up of members of the Leadership Tuscarawas Board. The Selection Committee carefully reviews all submitted applications. The committee is committed to selecting individuals who demonstrate high standards of personal integrity, who show evidence of leadership potential and commitment to community service. The class is limited to 30 participants; applicants who are not selected are encouraged to reapply in subsequent years.

### Tuition

Tuition is \$1,750 for the ten-month program and includes all training and materials. A deposit of \$250 is due upon application submission on or before April 15. Payment of full tuition is required by June 15. **Tuition is non-refundable except in case of extenuating circumstances.**

### Tuition Assistance

Limited tuition funds are available up to \$500 for candidates who are from non-profit, small business or governmental organizations. Those requesting tuition grants must submit the request to Leadership Tuscarawas on the form by the application deadline of **April 15** and provide sufficient justification demonstrating financial need. The form can be emailed to you at your request.

The Leadership Tuscarawas Board reserves the right to approve or reject any tuition assistance request, limit the amount of monies available for tuition assistance based on available financial resources and revise the tuition assistance guidelines at any time without notice.

**WHO WILL PAY YOUR TUITION? (Check one)**     Self     Sponsoring Organization     Other

***If tuition is paid by someone other than the candidate, the financial sponsor must complete the following:***

I agree to pay \$\_\_\_\_\_ of the Leadership Tuscarawas tuition for the above applicant if the applicant is accepted into the program. **I understand that if the applicant withdraws from the program for any reason other than deemed appropriate by the board the tuition is non-refundable.**

**Financial Sponsor Name (please type or print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Organization** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

### **Participation and Time Commitment**

- Leadership Tuscarawas requires a serious commitment of time and energy. All applicants must be able to fulfill the attendance requirements.
- Full participation of each individual is necessary, and attendance at each session is expected. Because emergencies or business needs may arise, a participant may be absent from 12 hours of class.
- Participants who are absent for more than 12 hours of class may not graduate with their current class. The hours missed must be made up the following year to graduate.
- Leadership Tuscarawas reserves the right to notify a class participant's employer/sponsor should they not meet the attendance requirements.
- **Attendance for the entire two-day Program Retreat is mandatory and non-negotiable.** Class participants who are accepted into the program and are unable to attend the retreat will be asked to wait until the following year to enter the program.
- Each participant is required to take part in a Community Project that may require additional time commitments outside of class.
- If accepted into the Leadership Tuscarawas program, applicants are encouraged to attend the May 21, 2019 Leadership Tuscarawas graduation ceremony where you will be introduced as a member of the Class of 2019.

### **Program Schedule for 2019-2020**

**Overnight Retreat:** August 8 and 9

**County Bus Tour:** September 10 \*\* This day begins at 7:30am-5pm \*\*

**Monthly Program Days are usually held the 2<sup>nd</sup> Tuesday of each month from 8:00am-5:00pm at Kent State Tuscarawas or at other local organizations and are scheduled as follows:**  October 8

- November 12
- December 10
- January 14
- February 11
- March 10
- April 14
- May 19

**Will you be able and willing to fulfill this commitment**  Yes  No

**Are you able to commit to the overnight retreat**  Yes  No

**Are you willing to share a room at the retreat with a fellow participant**  Yes  No  
(If you request a single room, you will be financially responsible for the difference in cost)

**Will you be willing to participate in the class Community Project that may require**

additional time commitments outside of class.

Yes  No

## Memorandum of Understanding

I understand the goals, commitment and attendance requirements for the Leadership Tuscarawas program, and that completing this application does not ensure my acceptance into the class. If selected to participate, I will fulfill all obligations outlined in this application and will pay my full tuition by June 15. I acknowledge that I have completed the application and that all the information contained herein is true and correct.

**Applicant's**

**Signature**

**Date**

\_\_\_\_\_

This candidate has my full support to participate in the Leadership Tuscarawas program. I am aware of the time commitment involved in his/her effective participation. I also acknowledge the financial commitment involved.

*This must be signed by the applicant's employer or immediate supervisor.*

**Employer/Supervisor's**

**Name**

**(Typed**

**or**

**printed)**

\_\_\_\_\_

**Organization**

**Date**

**Title**

**Signature**

### APPLICATION CHECKLIST

Tuition Assistance Form Due April 15

Signature of Financial Support, if applicable

Signature of Applicant

Signature of employer/supervisor, if employee

### SUBMIT APPLICATION TO:

Leadership Tuscarawas

330 University Dr., NE

New Philadelphia, Ohio 44663

### APPLICATION DEADLINE

Partial tuition payment of \$250 due with application

April 15

**APPLICANTS NOTIFIED OF ACCEPTANCE**

May 11

June 15

**FINAL TUITION PAYMENT DUE**

**1. Personal Information**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Preferred First Name for Name Tag

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business e-mail

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home e-mail

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Contact's Daytime Phone

\_\_\_\_\_  
Contact's Evening Phone

Male  Female

\_\_\_\_\_  
Years Residing in County

\_\_\_\_\_  
Years Employed in County

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Food Allergies/Restrictions

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\_\_\_\_\_  
Preferred e-mail for communications from Leadership Tuscarawas (check one)

Work

Home

Both

N/A

**2. Employment Information (if applicable)**

\_\_\_\_\_  
Length of Time in Current Position

\_\_\_\_\_  
Type of Organization

Contact information for your current direct supervisor: Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Briefly describe your work responsibilities:

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List the positions you have held starting with your current employer:

Employer	Title/Responsibility	From	To

### 3. Educational Background

Starting with the most recent first, please list all schools attended and other specialized training:

School/Location	Dates (from – to)	Degree/Training/Diploma

### 4. Activity Data

Please list volunteer roles, in order of importance to you, up to four of your most recent volunteer roles. Include name and location of organization, dates of service and your responsibilities.

Organization/Location	Dates (from – to)	Responsibilities
1		
2		
3		



2.

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How would you address one of these situations?

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What specific skills/knowledge do you want to gain from your participation in Leadership Tuscarawas?

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How will you use the skills/knowledge you expect to gain to better Tuscarawas County?

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