

LEADERSHIP FRANKLIN COUNTY APPLICATION

Mail or email your application to:
Leadership Franklin County
c/o Arkansas Tech University –Ozark Campus
Attention: Erin Brickley
1700 Helberg Lane
Ozark, AR 72949
Email: ebrickley@atu.edu

Last Name First Name

Business Address City/State Zip

Home Address City/State Zip

Home Telephone Business Telephone

Cell Phone

Email Address: _____

PARTICIPANT COMMITMENT AND PLEDGE

Leadership Franklin County is designed to be a learning experience and requires the following commitment on the part of the participant:

1. I fully understand that all sessions are required. Sessions are once a month and hours vary slightly, but normally the days begin at 8:00 a.m. and end by 4:30 p.m.
2. I understand that there will be some activities in addition to the regular sessions (independent activities, meetings, tours, interviews, etc.) in which all participants will be expected to participate.
3. I understand that the tuition is \$500 and it is strongly recommended that all participants pay \$100, even if they are sponsored by a business or organization.
4. If selected, I will not use content from the sessions or statements made therein for news coverage.
5. If selected, I will not use the name of Leadership Franklin County in a political campaign to imply endorsement by Leadership Franklin County.

Applicant's Signature

EMPLOYER'S COMMITMENT

An employer must fully support an applicant in his/her participation in the program. Please have your employer or supervisor (if applicable) sign the following commitment.

This application has the approval of this firm, and the applicant has our full support, which includes the time required to participate in the program.

Signature

Company/Organization

Title

TUITION AND FUNDING

Tuition for each participant is \$500, which covers all of the participant's program costs, materials, and most meals. Tuition is payable by the participant, the employer, or the sponsoring organization.

All Applicants, Please Complete the Following Tuition Payment Information:

How will tuition be paid? Please indicate amounts:

Personally \$ _____

Employer \$ _____ Name of Employer: _____

Organization \$ _____ Name of Organization: _____

Signed _____ Date _____

(Print Name)