



Personal Information:

Salutation *

First Name *

Middle Initial

Last Name *

Suffix

Nickname/Preferred Name *

Preferred Pronouns *

Professional Affiliation:

Organization *

Job Title *

What other LM programs (if any) have you participated in?

- Emerging Leaders
- REAL Inclusion
- Senior Leadership Montgomery

Contact Information:

Mobile Phone *

-
Area Code Phone Number

Secondary Phone

-
Area Code Phone Number

Which phone number is provided above? *

Which is your preferred phone? *

Primary Email *

example@example.com

Additional Email *

example@example.com

What is your primary address? *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Which address is above? *

Provide a secondary address? *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Which address is above? *

What is your preferred mailing address? *

How many years have you lived in Montgomery County? *

How did you find out about Leadership Montgomery?

Demographic Information:

Gender *

- Male
- Female
- Non-binary/ third gender
- Prefer to self-describe
- Prefer not to answer
- Other

Birth Date *



Date

Race/ Ethnicity (optional) Leadership Montgomery seeks to reflect, cultural and ethnic diversity among its participants. Please indicate the racial/ ethnic category(ies) with which you identify.

- African American
- Asian
- Caucasian
- Hispanic
- Middle Eastern
- Two or More Races
- Native American
- Other

Political Affiliation (optional) Leadership Montgomery seeks to ensure diverse representation in our class across all demographics including political affiliation.

- Republican
- Democrat
- Independent
- Libertarian
-

Professional Affiliation:

Organization Category *

Please select the category that best describes your organization

Organization Industry *

Please choose the category that best describes what your organization does.

Employment History:

List previous positions, beginning with the most recent first. Include active military duty, if applicable:

Upload a resume in lieu of answering following questions regarding employment

Employer

Title/Responsibility

Employer

Title/Responsibility

Employer

Title/Responsibility

Describe your current company/organization:

Describe your responsibilities at work:

If you upload your resume, please insert N/A to continue with application.

Education:

Begin with the most recent, and include high school or equivalent, college(s), and any postgraduate studies.

School Name, City & State

Degree Awarded

School Name, City & State

Degree Awarded

School Name, City & State

Degree Awarded

School Name, City & State

Degree Awarded

Special Award/ Honors:

Presented By

Award/Honor

Year

Presented By

Award/Honor

Year

Volunteer Activities and Community Involvement:

Please list, in order of importance to you, the nonprofit, civic, professional, social, religious, athletic or other organizations in which you are or have been involved with. Note. This is an important part of the selection criteria.

Organization *

Position Held *

Hours per month

- 0-5
 - 5-10
 - 10-15
 - 15-20
 - 20+
-

Organization

Current or Former Position Held

Hours per month

- 0-5
 - 5-10
 - 10-15
 - 15-20
 - 20+
-

Organization

Current or Former Position Held

Hours per month

- 0-5
- 5-10
- 10-15
- 15-20

20+

Organization

Current or Former Position Held

Hours per month

- 0-5
- 5-10
- 10-15
- 15-20
- 20+

Open Ended Questions:

Why is Emerging Leaders a good fit for you at this time in your life? *

What do you hope/ expect to gain from this program? *

Please describe your leadership journey so far. *

Recommendation Letters

TWO letters of recommendations in PDF format must be submitted with your application. Reference letters should be from 1) your current supervisor (or client if self-employed) and 2) someone (non-related) who can supplement this application with firsthand experience of your leadership, character and/or

community service. NOTE: YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION WITHOUT UPLOADING BOTH REFERENCE LETTERS.

PDF File 1 *

Browse Files

PDF File 2 *

Browse Files

Tuition and Funding

If selected for the Emerging Leaders program, you will be billed \$2850, which covers all program costs. If your tuition is being paid by a sponsoring organization, you must personally pay \$285 to demonstrate your commitment. Payment plans may be arranged and tuition assistance is available based on need. Tuition assistance is considered separately from your application and has no bearing on the Selection Committee's evaluation of your application. All information will remain confidential.

FILE 1

Browse Files

FILE 2

Browse Files

Statement of Commitment

I understand that graduates of Leadership Montgomery (LM) are encouraged to maintain engagement in the organization and to stay involved with LM through events, committees, and other membership opportunities. If selected, I agree to secure payment for the ensure nonrefundable tuition of \$2,850 by Friday, August 19, 2022 and meet all the attendance requirements as outlined in the application. I understand that I am required to attend each session and meet the attendance requirements as outlined in the application information, and that missing more than 10 hours could result in dismissal from the program.

Applicant's Signature

[Clear](#)

Leadership Montgomery requires certification by submitting an electronic signature. To certify your application, (type your name) and confirm your signature in the required field. *

Confirm Signature

Authorizing Official:

As the applicant's employer/ supervisor, I certify that this candidate has my full support to participate in LM's Emerging Leaders program. I am aware of the time commitment necessary and that the financial obligation. If you are self-employed, please enter your personal information below.

Sponsor Name *

Sponsor Email Address *

Sponsor Title *

Organization *

To finalize your application, please pay the Emerging Leaders application fee of \$65.00 *

USD

Credit Card

First Name

Last Name

Credit Card Number

Security Code

Expiration Month

Expiration Year

Billing Address

Street Address

Street Address Line 2


City

State / Province

Postal / Zip Code

Country

Please verify that you are human *

 I am human 
hCaptcha
[Privacy](#) - [Terms](#)

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Submit

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