



Application 2024-2025 Deadline: August 1st

A program of the Ulster County Regional Chamber of Commerce Foundation

PERSONAL INFORMATION *(Information provided is limited to Foundation Leadership and used solely for selection.)*

Name/Preferred Pronouns _____

Preferred Phone _____ Work Home Mobile

Personal Mailing Address _____

City, State Zip _____

Email Address _____

Employer _____ Nonprofit For Profit

Business Address _____

Business City, State, Zip _____

Occupation/Title _____ Years Employed _____

PREVIOUS EMPLOYMENT HISTORY *(List most current first.)*

| | <u>Employer</u> | <u>Position</u> | <u>Years Employed</u> |
|----|-----------------|-----------------|-----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

CURRENT VOLUNTEER COMMITMENTS *(boards, agencies, organizations, etc.)*

| | <u>Organization</u> | <u>Role/Offices Held</u> | <u>Dates</u> |
|----|---------------------|--------------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |



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ADDITIONAL INFORMATION

Please summarize your objectives for participating in Leadership Ulster:

Identify one issue you feel is crucial to Ulster County:

TUITION – Tuition for the nine-month program is \$1,200 and full payment is due by September 1.

(If you need tuition assistance, please apply for the Len Cane Memorial Scholarship.)

Tuition fee enclosed

Send invoice to: _____

ATTENDANCE – While there is no textbook for Leadership Ulster, it is necessary for participants to attend each session to gain information, participate in discussions, network with speakers, and build rapport with fellow class members. Class projects may require additional time commitments other than the regular class sessions. Both employer and Leadership Ulster applicant must acknowledge and sign their commitment to maintain good attendance.

EMPLOYER – I support the Leadership Ulster application of my employee. I understand the requirement for attendance and will allow this employee to reschedule his/her/their work so that he/she/they will complete the program and graduate in good standing.

Employer Signature, Title _____ Date _____

APPLICANT – I declare to the best of my knowledge and belief, the information given is true and accurate. Except for circumstances beyond my control, I will undertake to complete the program in its entirety. I understand that in addition to this application, a personal interview may be requested.

Applicant Signature _____ Date _____



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