



APPLICATIONS DEADLINE: June 10, 2023

The selection committee will choose participants based on their responses to the following questions. Please answer as completely as possible on a separate printed page. Attach answers to your completed application form and submit two copies of all application materials.

- 1. Enclose a resume. Include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic and social organizations with which you have been or are currently involved.
- 2. Describe a professional or community leadership challenge you have undertaken.
- 3. What would you contribute to the Owatonna Community Leadership Academy class?
- 4. In what ways do you think Owatonna Community Leadership Academy can help you develop your leadership potential? What do you expect of the program? (Please submit approximately half a printed page.)
- 5. Identify and discuss an issue that you feel is critical to the Owatonna area. (Please submit approximately half a printed page.)
- 6. Are you willing to commit nine full days to attend Owatonna Community Leadership Academy?

RETURN TO: Owatonna Community Leadership Academy c/o Julia Seykora, 320 Hoffman Drive, Owatonna, MN 55060

Who will be paying your tuition?

- Me My employer A sponsoring organization Scholarship requested (please include letter)

Full Name: _____ Preferred Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

What city ward/district do you live in? See map on back of application. _____

References: List your immediate supervisor and at least one other person who may be contacted by selection committee.

Name: _____ **Company:** _____

Title: _____ **Phone:** _____

Name: _____ **Company:** _____

Title: _____ **Phone:** _____

How did you learn about Owatonna Community Leadership Academy?

- OCLA Mailing OACCT's Newsletter OACCT Board Member
- Supervisor Other Professional colleague/associate

Signature of Applicant _____ Date _____

Signature & Title of Applicant's Sponsor (if appropriate) _____ Date _____

