



**LEADERSHIP
GARDNER 2025**

A program of the Gardner Chamber of Commerce
**Confidential Application
2025 Program Year**

CONTACT INFORMATION

Last Name

First

Preferred First Name

Present Employer

Position/Title

Business Address

City

State

Zip

Business Phone

Cell Phone

Preferred Email for Correspondence

Briefly state the reason you wish to participate in Leadership Gardner and what you hope to gain (approx. 200-word limit):

CURRENT EMPLOYMENT INFORMATION

Please tell us about your current position (including job description, roles, and responsibilities) (approx. 200-word limit):

COMMUNITY INVOLVEMENT

List any volunteer political, social, or civic organizations in which you are currently active (*approx. 200-word limit*):

Please list three personal, professional or community references:

_____	_____	_____	_____
Name	Company	Phone	Email
_____	_____	_____	_____
Name	Company	Phone	Email
_____	_____	_____	_____
Name	Company	Phone	Email

IN YOUR OPINION:

What do you believe are the greatest challenges facing our community? (*approx. 200-word limit*)?

What would it look like if progress was made on these issues? (*approx. 200-word limit*)

NAME PREFERENCE

Please print your name as you would you like it to appear on the following:

Name Badge

First and Last Name: _____ Company: _____

Recognition Plaque

First and Last Name: _____

Food allergies or other required accommodations: _____

TUITION

Tuition for chamber members is \$800. Tuition for non-members is \$900.

(For non-members, the additional \$100 will be applied toward membership dues should your company join the chamber.)

Tuition covers all materials, group transportation, meals, snacks, and graduation luncheon.

DO NOT SEND TUITION WITH APPLICATION

Partial scholarships may be **available on a limited basis for Gardner Chamber members.** Please indicate if you are interested in scholarship assistance.

Yes, please consider me for a scholarship.

APPLICANT SIGNATURE

With my signature, I acknowledge and understand the purpose of Leadership Gardner and I will devote the time and resources necessary to complete the program. **I further understand that my attendance at all sessions is mandatory.** I understand the above commitments and agree to them by signing this application.

I will make payment arrangements for my Leadership Gardner tuition no later than **Friday, January 10, 2025.**

Signature of Applicant _____ Date _____
(I understand that typing my name constitutes my signature confirming that I acknowledge and agree to the above terms.)

EMPLOYER SIGNATURE

As the applicant's employer, I will support his/her participation in the 2025 Leadership Gardner program by assuring that this applicant can attend each session. I understand all sessions are mandatory and will give him/her time to attend these sessions.

Signature of Employer _____ Date _____ Phone _____
Email _____

(I understand that typing my name constitutes my signature confirming that I acknowledge and agree to the above terms.)

Thank you for your interest in Leadership Gardner!

We welcome all participants who have completed an application, who understood the importance of attendance and have the support from a supervisor or other individual who may hold a position of authority which allows for absences from work.

Your completed application must be received at the Chamber office by Friday, December 6, 2024.

Return to:
Gardner Chamber of Commerce
PO Box 402 | Gardner, KS 66030
P: 913-856-6464
info@gardnerchamber.com