



Congratulations on your decision to pursue the St. Lawrence County Leadership Institute! This is a great first step towards your commitment to your personal and professional growth, as well as your commitment to understanding and advocating for St. Lawrence County. The application process is confidential; only the admissions committee will review and discuss your application with you. The application process consists of three phases. You can follow along with your process utilizing the checklist below.

Application Checklist

Phase I

Submit the below documents to: Laura@slcchamber.org

___ Application (copy attached)

___ Updated Resume

Phase II

Upon review of credentials and approval by the steering committee to advance to the next phase, *selected* applicants may receive an invitation to submit a brief essay as follows:

Leadership and Community Reflection (1-3 pages):

- Provide an overview of your leadership journey.
- What have been your experiences in positions of influence and change, and how do you draw upon those experiences in your professional life?
- What do you feel is the most important challenge facing your local community or St. Lawrence County now and in the next 5 years? What do you think an effective community leader should do about it?
- What are your expectations for this program?
- What skills would you like to learn?
- What most led you to apply to the program?

Applicants will be reviewed on a rolling basis, and enrollment is open until the class is full or the program commences. Application materials may be forwarded to Laura@slcchamber.org. Questions may also be directed by phone to 1-315-386-4000 ext. 6.



PERSONAL DATA

Name: _____

Address: _____

City, State, Zip: _____

Phone Number (personal) _____ (office) _____

Preferred E-mail: _____

Total years living/working in St. Lawrence County: _____

How did you learn about the St. Lawrence Leadership Institute?

☐ SLLI alumnus/na ☐ SLLI board member ☐ newspaper ☐ radio

☐ chamber newsletter / communication ☐ social media

☐ other (please specify): _____

Is special accommodation necessary? If so, please describe (*This response does not affect one's candidacy. It is intended to help SLLI to comply with the Americans with Disabilities Act.*):

Do you have any dietary restrictions? If so, please describe (This response does not affect one's candidacy. It is intended to help SLLI with meal planning.):

Personal Background – optional. *This information is completely confidential and voluntary and will be strictly used for aggregate class profile/demographic information.*

Gender: ☐ Male ☐ Female ☐ Choose not to disclose

Ethnicity - Are you Hispanic/Latino? ☐ Yes ☐ No ☐ Choose not to disclose

If Yes, please select one of the following:

☐ Central American ☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ South American

☐ Other Hispanic/Latino ☐ Choose not to disclose

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other ☐ Choose not to disclose

EDUCATION: Include any special training courses or certificates:

<i>Dates (from/to)</i>	<i>School</i>	<i>Location</i>	<i>Degree/Major/Type of Study</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



REFERENCES – Please list two individuals who are familiar with your leadership potential or abilities. You will be responsible for asking your recommenders to email a letter of support to Laura@slcchamber.org (may also be mailed using address below).

Name: _____

Name: _____

Company/Organization: _____

Company/Organization: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Candidate: I hereby apply to be a participant in the St. Lawrence Leadership Institute. I have carefully read the attached brochure that explains the mission and goals of the Institute, and its policies regarding selection criteria, selection process, time commitment, and tuition (including the financial liability schedule). I further state that I am responsible for the balance of any tuition not provided by my financial sponsor, if any. Furthermore, I understand that should I fail to meet these responsibilities, I will be asked to withdraw from the program.

Candidate's Signature _____ Date _____

Financial Sponsor: I agree to pay the amount of \$ _____ towards the \$750 tuition for the above applicant if he/she is accepted.

Financial Sponsor's Name and Title (please print clearly): _____

Signature of Authorized Individual _____ Date _____

Mailing Address _____

Phone Number _____ E-mail _____

Employer: I agree to provide the above-mentioned employee the time required to be an active member of the St. Lawrence Leadership Institute for this year's class.

Employer Organization: _____

Supervisor's Name and Title: _____

Signature of Authorized Individual _____ Date _____

Phone Number _____ E-mail _____

IMPORTANT NOTES

☐ I wish to apply for a payment plan (Optional. Someone will follow up with you.)

☐ I wish to get information about scholarship funding (Optional. Someone will follow up with you.)



APPLICATION DEADLINE: Rolling Review.

Class size is limited to 25.

Send completed application to:

St. Lawrence Leadership Institute

Attn: Admissions Committee

101 Main St., 1st Floor

Canton, NY 13617

Applications must be postmarked by the appropriate deadline to be considered for admission. Each applicant will be notified of the Admission Committee's decision within three weeks of the deadline dates.

Questions? Contact the SLLI steering committee by emailing Laura@slcchamber.org or by calling (315) 386-4000 ext.6.