



*Be inspired. Be involved. Be a Leader.*

## Leadership Washington Co.

### Small Business Owner Scholarship Application

Sponsored by

Campbell Insurance Associates

LWC identifies, educates and inspires leaders to actively engage in our community. LWC offers a 9 month, intensive program that develops and equips effective leaders with the ability to strengthen and improve our communities. Through monthly, day long sessions that run from September through May, participants are guided to a better understanding of themselves, their community, and the skills necessary to assume and enhance their leadership roles so they can have a positive impact in Washington County.

The following guidelines must be met in order to apply for the Small Business Owner Scholarship:

- The business owner must be able to demonstrate being in business for 2 years or more
- The business must have 1 -50 employees working for the company
- The business must be located in Washington Co.
- The business must be privately owned, corporation, partnership or LCC
- The business owner must complete the program per LWC program guidelines or will be responsible to pay the tuition in full back to LWC
- The business owner will be required to pay \$500 towards the scholarship.

### Tuition

Tuition *	\$500
Full price tuition if business owner does not complete the LWC program	\$2,200

\*due 30 days after acceptance or before start of program if less than 30 days.

## **Terms of Application**

**I understand the purpose of the Leadership Washington County program and that completion of this application does not guarantee my selection. If selected, I will commit the time required. I understand and acknowledge that my tuition fee is non-refundable if I do not meet the attendance requirements or if I voluntarily withdraw for any reason.**

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**Signature of Applicant**

**All applicants will be notified of LWC's decision by July 31, 2019 if they have been awarded the small business owner scholarship.**

## **Personal Information**

**Full Name:**

**Home Address:**

**City, State, Zip Code:**

**Cell Phone:**

**Years lived/worked in this area:**

**Birthday - Month and Date only:**

## **Education**

**High School:**

**Undergraduate Degree:**

**Graduate Degree:**

**Educational Certificates:**

**Business Certificates:**

**Leadership Certificates:**

## **Employment**

**Business Name:**

**Type of Business:**

**Years in business:**

**Title:**

**Address: City,**

**State, Zip:**

**Work Phone:**

**Email:**

**Website:**

**Number of**

**Employees:**



**Please identify/highlight at least three areas of interest:**

- |   |   |
|---|---|
| <input type="checkbox"/> Animals                  | <input type="checkbox"/> Arts & Culture               |
| <input type="checkbox"/> Children & Youth         | <input type="checkbox"/> Computers & Technology       |
| <input type="checkbox"/> Crisis Support           | <input type="checkbox"/> Education & Literacy         |
| <input type="checkbox"/> Environment              | <input type="checkbox"/> Faith Based                  |
| <input type="checkbox"/> Health                   | <input type="checkbox"/> Homeless & Housing           |
| <input type="checkbox"/> Hunger                   | <input type="checkbox"/> Justice & Legal              |
| <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Politics                     |
| <input type="checkbox"/> Seniors                  | <input type="checkbox"/> Race & Ethics                |
| <input type="checkbox"/> Sports & Recreation      | <input type="checkbox"/> Veterans & Military Families |
| <input type="checkbox"/> Women                    | <input type="checkbox"/> Other -                      |

**What leadership skills are you hoping to enhance or learn by participating in the LWC program?**

**How do you expect to utilize your LWC experience within your profession?**

**Describe the greatest accomplishment you have achieved either professionally or personally.**

### **References**

**Name:**

**Title & Organization:**

**Phone Number:**

**Email:**

**Name:**

**Title & Organization:**

**Phone Number:**

**Email**

## **Commitment Statement:**

**In order to successfully complete the program, my employer and I understand that 100% participation in all sessions and activities of the Leadership Washington County program is expected. We understand that if I fail to attend two or more sessions/activities, that I will not graduate with my class. This commitment includes attendance at one monthly session starting in September and continuing through May, as well as the Welcome Reception and Graduation Ceremony. We understand that LWC participants engage in a Community Class Project that will require planning time outside of LWC sessions. We understand that the time spent outside of the sessions will be depend on the project's scope and the participants themselves. We also understand that tuition is due prior to the kick-off event and is non-refundable.**

**Applicant's Signature & Date:**

**Sponsor's Name & Title:**

**Sponsor's Email:**

**Sponsor's Signature:**