



LeadingAge Oregon Leadership Academy Participant Application

*Please complete this form electronically.
We will not accept hand-written applications.*

For the Potential Participant:

Name of Participant:

Name of LeadingAge Oregon provider or Business Associate member:

Participant work phone:

Cell phone:

Email:

Position Title:

Years in Position:

Years with current employer:

Years in aging services field:

Please **attach your resume** and answer the following questions:

1) Why are you interested in the program?

2) What do you hope to gain from your participation in this program?

By submitting this application, I agree to participate in the LeadingAge Oregon Leadership Academy through **active attendance and engaged participation**.

Participant name:

Date:

For the supervisor of the participant:

I agree that this employee is a good candidate for the **Leadership Academy** program. I will support my employee by:

- 1) Paying \$2,500 (provider members) and \$3000 (business members) tuition and covering other costs of the program as outlined above; **OR** assisting the employee to submit a scholarship application. *(Please note that if a scholarship is awarded, the employing organization remains responsible for travel/lodging and occasional meal costs associated with conferences, site visits and other Leadership Academy meetings).*
- 2) Allowing time for him/her to attend the LeadingAge Oregon Fall Leadership Conference, the LeadingAge Oregon Annual Conference, Legislative Advocacy Day and additional meetings as outlined above;
- 3) Checking in with him/her about his/her experience to ensure it is meaningful; and
- 4) Allowing him/her opportunities to develop his/her skills in our organization.

*(*Note: Tuition and fees are non-refundable once the Leadership program begins).*

Please describe how this person has already demonstrated or shown the potential for leadership within your community or company, and within aging services?

In addition, I will participate in an evaluation to provide LeadingAge Oregon feedback about this program.

Name of supervisor completing this form:

Date:

Please save an electronic copy of this completed application and e-mail it and your resume (with the scholarship application, if applicable) to Merry Killam at LeadingAge Oregon (mkillam@leadingageoregon.org) no later than July 31, 2019.

Please note: You will receive an e-mailed reply when your application is received. If you do not receive a reply, please check in with Merry at 503.684.3788 ext. 303.