

Participant Application Form

The Corporation for Ohio Appalachian Development
Appalachian Leadership Academy

1. Complete the application form.
2. Compose a resume detailing your work history, educational background, and community involvement activities.
3. Mail or fax application form and resume to:

Appalachian Leadership Academy
Corporation for Ohio Appalachian Development
PO Box 787
Athens, Ohio 45701-0787
Fax: 740-592-5994

Please complete this form by typing or printing, using black or blue ink.

Personal Data

Full Name _____
Preferred First Name _____
Home Address _____
City _____ State _____ Zip _____

Employment Data

Employer _____
Executive Director/CEO _____
Immediate Supervisor _____
Title _____
Division /Program Area _____
Business Address _____
City _____ State _____ Zip _____
Business Phone (_____) _____ Fax (_____) _____
Email Address _____

Employer and Participant Agreements

This section must be completed for the application to be accepted.

This application has the approval of this organization and the applicant has our full support which includes the time and resources required to participate in this program.

Immediate Supervisor's Signature _____
Date _____
Ex. Dir./CEO's Signature _____
Date _____

I agree to devote the time and energy needed to make my involvement an asset to the program. I commit to attending all the scheduled class sessions and understand that missing more than one session or either the opening or closing retreat will prevent my graduation.

Applicant's Signature _____
Date _____