



LATINO LEADERSHIP  
COLLABORATIVE OF KANSAS

**COMMUNITY LEADERSHIP PROGRAM 2018 APPLICATION:**

•Applications must be received at El Centro de Topeka, 134 NE Lake St, Topeka, KS 66616 (785) 232-8207, by 3:00 p.m., June 1, 2019. Please send questions regarding the program and application process to: [lcofks@gmail.com](mailto:lcofks@gmail.com)

•Handwritten applications will NOT be accepted. Original signed copy must be submitted – no faxes. To complete, save the fillable PDF application to your computer before entering any information. Once the application is saved, open it and enter your responses. Then print, sign and submit the final hard copy of the application.

Name: \_\_\_\_\_  
First name Preferred/called name Middle name Last name

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

**EDUCATION:**

Begin with high school, then college(s), business or trade schools and/or other specialized training.

| Name of School & City | Dates: From-To | Degree | Major |
|-----------------------|----------------|--------|-------|
| _____                 | _____          | _____  | _____ |

**BUSINESS:**

Business or Association Affiliation (if any): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Brief description of job responsibilities:

If not presently employed, have you ever worked in the Topeka Area? Yes \_\_\_ No \_\_\_

If yes, where and in what position? \_\_\_\_\_

Describe your most significant career achievement to date (Limit answer to space provided.)

**ORGANIZATION AND ACTIVITIES:**

- A. Please check the box if you are currently affiliated with one of the three program sponsoring organizations: \_\_\_ El Centro de Topeka \_\_\_ Topeka LULAC Council #11071 \_\_\_ MANA de Topeka
- B. Please list up to three civic, professional, business, religious, social, and community, athletic or other organizations of which you have been a member.

1. Organization: \_\_\_\_\_ Role: \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_  
Describe your involvement: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Role: \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_  
Describe your involvement: \_\_\_\_\_

3. Organization: \_\_\_\_\_ Role: \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_  
Describe your involvement: \_\_\_\_\_

C. What do you consider your most important accomplishment in one of the above organizations? Why?

D. Describe what you believe to be your most significant contribution to the Latino community (include former communities if applicable). Why?

E. How much time each month do you commit to the above mentioned and/or other organizations? (Average hours per month).

F. What are your areas of particular interest for leadership involvement (i.e. arts/cultural, education, economic development, government, human services, health, politics, other)?

G. If you have not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community?

**GENERAL:**

One of the goals of the Latino Leadership Collaborative is to bring together individuals from diverse backgrounds who can share their opinions and thoughts about issues facing the Greater Topeka area and Latino Community.

1. What is one change in the Latino community you'd like to be involved with? Why are you interested in making this change happen? Who will this change benefit?
2. Describe a time when you have reached outside your normal professional or personal network, comfort zone, to accomplish a goal.
3. What personal expertise or skills do you bring from your experiences to either of the above issues?
4. Why do you want to participate in the Community Leadership Program?
5. Is there anything else you would like to discuss about yourself or your experience that would aid in the selection process? (awards, honors, personal goals, etc.)

**PERSONAL INFORMATION:** (information is utilized to achieve a balanced, diverse class)

Career Classification:

- |  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Religion      | <input type="checkbox"/> Labor     | <input type="checkbox"/> Business/Industry | <input type="checkbox"/> Non-Profit              |
| <input type="checkbox"/> Health          | <input type="checkbox"/> Government    | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Education         | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Media           | <input type="checkbox"/> Arts/Cultural | <input type="checkbox"/> Law       | <input type="checkbox"/> Politics          | _____  |

Age Range:  21-30  31-40  41-50  51+

Gender:  Male  Female

Student (if applicable):

- \_\_\_\_\_ High School  
\_\_\_\_\_ University  
\_\_\_\_\_ Other

What is your ethnic background? \_\_\_\_\_

How long have you lived in Topeka? Other (please specify): \_\_\_\_\_

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**ORGANIZATION AND ACTIVITIES:**

If accepted into the Community Leadership Program, you or your company/organization will be billed the non-refundable tuition fee of \$595.00 which covers all program materials, and meals. Please do not send payment with your application.

Bill me directly  Bill my company/organization. If your company/organization will be billed please complete the following:

Name of individual at your company /org. to send the invoice: \_\_\_\_\_

Company/Org. Address: \_\_\_\_\_  
Street City Zip

Company/Org. Phone: \_\_\_\_\_ Company/Org. Email Address: \_\_\_\_\_

There may be the opportunity to receive scholarship support to assist with the cost of the program. If you are interested in receiving a scholarship if one becomes available please check this box.

**COMMITMENT BY APPLICANT:**

The Latino Leadership Collaborative of Kansas requires attendance and participation in all class activities, sessions and the celebration luncheon in their entirety.

**2019 PROGRAM: Sessions held from 8:00am – Noon at Washburn University, Garvey Fine Arts Center, Room 231.**

June 29 – Orientation, Kansas Leadership Center competencies, principles training

July 27

August 3

August 24

September 14

October 5

October 26 – Putting it All Together & Graduation

**I understand the program fee is due in full prior Session 1. Only one excused absence from Sessions 1-7 will be permitted. Any additional or unexcused absences will prevent graduation from the program and forfeiture of the program fee.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Letters of reference or resumes will NOT be utilized in the selection process.

**COMMITMENT BY EMPLOYER/ORGANIZATION (If applicable):**

Applicants for the Community Leadership Program must have the support and commitment of their business or organization if the meetings times may interfere with their duties. The signature of the employer or head of the applicant's organization is necessary as an indication of the support of the applicant's participation in the program.

\_\_\_\_\_ has my full support for the time and personal commitment required to participate in the Community Leadership Program. I understand that attendance at all class activities, sessions and celebration luncheon is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (typed): \_\_\_\_\_ Title: \_\_\_\_\_

NOTE: APPLICATION MUST BE NO MORE THAN 4 PAGES MAXIMUM. ORIGINAL SIGNATURES REQUIRED.

*The Latino Leadership Collaborative of Kansas is a partnership between El Centro de Topeka, the Topeka League of United Latin American Citizens (LULAC) Council #11071, MANA de Topeka and the Kansas Leadership Center, funded by the Kansas Health Foundation.*

Revised 03/25/2019