



**LATINO LEADERSHIP
COLLABORATIVE OF KANSAS**

COMMUNITY LEADERSHIP PROGRAM 2017 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., May 15, 2017**. Please send questions regarding the program and application process to: 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):

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, meals, and social hours. 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.

TENTATIVE 2017 PROGRAM:

Sessions held from 8:00am – Noon at Washburn University, Henderson Learning Center, Room 21

- June 10th** – Orientation, Kansas Leadership Center competencies, principles training
- July 1st** – Social Services
- July 22nd** – Education
- August 12th** – Government/Economic Development
- September 2nd** – Healthcare
- September 23rd** – Arts, Culture & Media
- October 14th** – Putting it All Together & Graduation

I understand the program fee is due in full prior to the program orientation. 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, originally funded by the Kansas Health Foundation.
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