

COMMITMENT FORM

PLEASE RETURN BY **April 20th**

NAME OF APPLICANT _____

I understand that Leadership Centre County is a learning experience that expects attendance at all program sessions and completion of all assignments. Attendance at the Fall two-day retreat on September 30th and October 1st, 2011 is a requirement for participation in the program and necessary for graduation. I understand that I may miss no more than one of the remaining program days and that any part of a program day missed counts as a full day missed.

In addition, I understand that the Leadership Centre County programming, which features education about Centre County, networking and exposure to community issue, leaders and content experts, is intended to build on the skills I already possess or have/will accrue through my own professional development. I understand that LCC does not provide training in leadership skills in the traditional sense. This is what I expect and what I am looking for in the yearlong LCC experience, and my sponsor and I can make a commitment now.

Upon successful completion of this program, I will assume a more active and effective volunteer role by committing to at least a year of service to a Centre County community organization.

Signature _____ Date _____

ORGANIZATION/EMPLOYER COMMITMENT

Nominees for the Leadership Centre County program should have the commitment of their employer or organization. The signature below indicates that the employer or sponsoring organization is aware of the work-release time required and endorses the applicant.

Name _____ Title _____

Company/Organization _____

Address _____ Telephone _____

Signature _____ Date _____

TUITION COMMITMENT *(if applicable)*

Full tuition for Program Year 2011/2012 is \$1700. The company or organization signature below indicates agreement to pay tuition in the amount of \$ _____. The sponsor's portion of tuition will be paid by:

Name _____ Title _____

Sponsor _____

Address _____ Telephone _____

Signature _____ Date _____

NOTE: Due to fixed costs, tuition is not refundable if a participant withdraws at any time during the year.

OVER➔

REFERENCES: Please indicate the two persons who will be submitting your Confidential References.

1. Name/ Phone

2. Name/ Phone

Please mail or fax this form and references by April 18th to: **Selection Committee ● P.O. Box 10265 ● State College, PA 16805 ● Fax: 814 238-5067**