

# Leadership berville

## CONFIDENTIAL APPLICATION FOR SELECTION LEADERSHIP IBERVILLE 2025-2026

### INSTRUCTIONS

Type or print in ink. The Selection Committee will use the application in making their selections, so it is extremely important that each section be fully completed. Limit answers to the space available. **No attachments will be considered.** Application must be signed by both applicant and employer/sponsor and be returned no later than August 29, 2025.

### SELECTION CRITERIA

Participation in LEADERSHIP IBERVILLE is open to persons living or working in the Iberville Parish or is a current Chamber member. A maximum of twenty individuals per year will be selected to participate in the program. Since the number of appointments to LEADERSHIP IBERVILLE is limited, applicants who are not selected are encouraged to reapply in subsequent years. Participants will be chosen by the LEADERSHIP IBERVILLE Selection Committee based upon the information completed on this application. The Committee will be seeking representation from a cross-section of the community. These leaders and potential leaders will be active in business, education, arts, religion, government, law, media, labor, community based organizations, ethnic and/or minority groups and will reflect the diversity of the community.

Applicants must have the **full** support of the organization or corporation they represent. Attendance at the **OPENING** and **CLOSING SESSIONS** and **monthly sessions is MANDATORY.** Any participant missing **more than TWO MONTHLY sessions** or **any of the opening or closing sessions** for whatever reason will be considered for termination of the program and no portion of the tuition shall be refunded.

### PERSONAL DATA

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

For Nametag \_\_\_\_\_ Years in Parish \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Do you require handicapped access or special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, What? \_\_\_\_\_

### EDUCATION

Briefly summarize your educational background. List degrees/certificates received, field of study, vocational training programs, professional institutes, etc. \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Present employer \_\_\_\_\_

Mailing address \_\_\_\_\_

Business phone \_\_\_\_\_

Type of business \_\_\_\_\_

Present Title \_\_\_\_\_

## SPONSORING ORGANIZATION/CORPORATION (NOT REQUIRED)

This candidate has my full support to participate in LEADERSHIP IBERVILLE. I am aware of the time commitment involved for effective participation, as well as the financial obligations of the applicant.

Signature \_\_\_\_\_ Corporation/Organization \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## COMMITMENT

To graduate from LEADERSHIP IBERVILLE, a participant is expected to attend all of the sessions.

•One half or full day per month, September-May - *No more than TWO absences are allowed.*

*Strictly enforced.*

•Opening and Closing Sessions - **ATTENDANCE is MANDATORY** for successful graduation of the program.

•Will you be able to fulfill this commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Tuition for each participant is \$1000. Will you be able to fulfill this financial commitment?

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand and acknowledge the purpose and commitment of the LEADERSHIP IBERVILLE Program; and if I become a participant, I will devote the required time.

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

## INSTRUCTIONS-LEADERSHIP IBERVILLE APPLICATION

**Please fully complete each section.** Limit answers to spaces available. **No other attachments will be considered.** Application must be signed by both sponsor and candidate and returned to:

**LEADERSHIP IBERVILLE • 23520 Eden Street • Plaquemine, LA 70764 • 687-3560**