



## LEADERSHIP PROGRAM APPLICATION

### Vision Fort Worth – Young Professional Leadership Program

- WHY:** To develop the professional tools, community awareness, and network necessary to make an impact in the Fort Worth region.
- WHAT:** Offered once annually, this three-month long program engages young professionals to enhance leadership abilities, strengthen networking skills, and set goals for the future. Throughout the program, members will create meaningful relationships with their peers and community leaders that will allow them to expand their leadership footprint in the region.
- WHO:** Young professionals who are passionate about the Fort Worth region and their place within it. A class of up to 25 candidates will be selected that reflects the diversity of our community and represents a cross-section of business, government, education, and non-profits.
- COST:** \$50.00
- WHEN:**
- Program Kick-off, *Thursday, August 22nd 5:30-6:30pm*
  - Meeting 1, *Thursday, September 19th 4:00-6:00pm*
  - Meeting 2, *Thursday, October 3rd 4:00-6:00pm*
  - Community Service Project, *Saturday, October 19th 9:00am-12:00pm*
  - Meeting 3, Closing Reception, *Thursday, November 7th 4:00-6:00pm*

*Participants who complete the program will also be eligible for a one-on-one mentoring session with a prominent Chamber or community leader.*

*Applications due by June 28, 2019. Applicants will be notified if they have been accepted by July 12, 2019.*

*For more information about the Vision Fort Worth Leadership Program, contact Hope Moon, Manager of Talent and Quality of Place, at [hmoon@fortworthchamber.com](mailto:hmoon@fortworthchamber.com) or 817-338-3361.*

**NOTE:** Vision Fort Worth Young Professional Leadership Program open only to Vision Fort Worth Members. For more information, visit: [www.visionfw.com/vision-fort-worth/join-us/](http://www.visionfw.com/vision-fort-worth/join-us/)



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**DUE BY JUNE 28, 2019**

**EMAIL COMPLETED FORM TO HMOON@FORTWORTHCHAMBER.COM**

### APPLICANT INFORMATION

Name:

Company:

Title:

Address:

City:

State:

ZIP:

Phone:

E-mail:

Fax:

### Choose which option BEST describes your relationship with the Community

I'm a LIFER: I have lived here all my life

I'm a TRANSPLANT: I moved here

I'm a BOOMERANGER: I was raised here moved away then came back

### EDUCATION

School

Degree(s) earned

City, State

### PLEASE DESCRIBE ANY EXTRA-CURRICULAR ACTIVITIES, HOBBIES OR INTERESTS YOU ARE CURRENTLY OR HAVE BEEN PREVIOUSLY INVOLVED IN.

### WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM?

### WHAT ASSETS WILL YOU BRING TO THE PROGRAM?

Signature \_\_\_\_\_

Date \_\_\_\_\_

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