



2019/2020 LPR Class Application

Application Deadline: August 31, 2019

Available to complete online at www.leadershipprogram.org

TIMELESS PRINCIPLES.
LEADERS IN ACTION.

You can email this form to apply@leadershipprogram.org when completed

Personal Information

NAME (Last, First, Middle): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ STATE SENATE DISTRICT: _____ STATE HOUSE DISTRICT: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

Professional History

CURRENT EMPLOYER: _____ TITLE/POSITION: _____

WORK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB DESCRIPTION: _____

Past Employers

NAME: _____ CITY: _____ STATE: _____

TITLE/POSITION: _____

NAME: _____ CITY: _____ STATE: _____

TITLE/POSITION: _____

NAME: _____ CITY: _____ STATE: _____

TITLE/POSITION: _____

Professional Achievements and Highlights

Please describe any outstanding contributions made by you in your professional endeavors.
List major business and professional activities in which you participated in the last five years.

Educational Background

Please provide the following information about your education: high school and beyond.
List and describe major extracurricular activities.

NAME	FIELD OF STUDY	HONORS/AWARDS

Civic Participation

Please list the major civic, social, educational, and political activities in which you've participated the past five years.
List the organization, your role, and how you made a difference. Note any awards or special recognition.

Issue Focus

Please describe an issue or opportunity crucial to our state or nation. What are your recommendations for a solution?

Leadership

Why do you want to participate in the Leadership Program of the Rockies? How will you utilize the education you receive?

Future Ambition

What do you hope to achieve in the future in terms of public policy?

Financial Obligation

LPR is limited to 65 students per year. Thanks to the LPR donors who generously underwrite the majority of program expenses for students, tuition for this year’s program will be \$2,150.

Please choose your preferred payment option:

- I will be responsible for the subsidized tuition amount of \$2,150.
- I would like to be considered for a scholarship. (If so, you must attach a letter explaining why you should be considered.)
- I do not need my tuition to be underwritten and will be responsible for the full cost of the program- \$6,500.

PAYMENT PLANS ARE AVAILABLE. Also, many applicants raise their tuition from employers, friends, and other donors. Tax deduction forms for donations are available upon request. **Tuition is non-refundable.**

References

Two letters of recommendation on your behalf must be submitted by August 31st for your application to be complete. Please provide the information of those who are writing your two letters of recommendation.

1. NAME: _____

BUSINESS/OCCUPATION: _____

TITLE/POSITION: _____

EMAIL ADDRESS: _____

BEST PHONE: _____

CITY: _____

STATE: _____

ZIP: _____

2. NAME: _____

BUSINESS/OCCUPATION: _____

TITLE/POSITION: _____

EMAIL ADDRESS: _____

BEST PHONE: _____

CITY: _____

STATE: _____

ZIP: _____

Participation

The LPR program consists of nine full-day sessions held the second Friday of every month, October through June. Students are required to participate in all of the sessions. Notice of absence must be given by the student to LPR *at least a week prior* to LPR sessions. Students will incur a \$50 meeting fee for each unauthorized absence. Absences may be cause for dismissal from the program. **Tuition is non-refundable, regardless of graduation status.**

If selected into LPR, can you devote the required time to this program? _____ Yes _____ No

LPR Application Checklist

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Letter of Recommendation #1 | <input type="checkbox"/> Scholarship Request Letter (If Required) |
| | <input type="checkbox"/> Letter of Recommendation #2 | <input type="checkbox"/> Supplemental Materials (Optional) |

I have read and understand the above statements and agree to the terms of the Leadership Program of the Rockies.

APPLICANT SIGNATURE: _____

DATE: _____

Please submit application and two letters of recommendation by August 31st to:

Leadership Program of the Rockies, c/o Shari Williams, President
1777 South Harrison Street, Suite 807, Denver, CO 80210
Email to: apply@leadershipprogram.org / Fax: 303.488.0068
Info and online application at www.leadershipprogram.org