

## Advanced Leadership Application

Confidential Application Form

**Mission:** To advance Leadership Waukesha Alumni and seasoned managers in their careers and leadership roles through development of personal and interpersonal skills, planning of personal and professional life, and balancing it with each participant's personal purpose.

Advanced Leadership is a leadership development program that allows participants to expand strengths, grow personal and interpersonal skills and plan and balance personal and professional life with their personal purpose. It is an excellent opportunity to interact with a peer group of leaders and broaden a lifelong network of contacts.

This six-month program is open to Leadership Waukesha alumni and seasoned managers/leaders. It runs from the end of October through April and meets every other Wednesday at the Waukesha County Business Alliance office from 3:00 to 5:30 p.m. (unless otherwise noted).

### Application *(please type or print)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities (briefly describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Tuition and Deposit

Tuition for each participant accepted into Advanced Leadership is \$1,500 for Alliance members and \$2,000 for non-members. Please indicate how your tuition will be paid:

Employer \_\_\_\_\_ Self \_\_\_\_\_ Other (please specify) \_\_\_\_\_

A non-refundable deposit of \$500 must be submitted with each application to hold a participant's place in the class. The tuition balance will be invoiced upon confirming acceptance to the program and must be paid in full prior to the first class. Once materials have been purchased and the program has started, the full tuition amount is non-refundable. If a participant is unable to continue the program, the employer may send a replacement up to the third class.

VISA \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_ Check # \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

*(3-digit code on back of MC, Visa, Disc or 4-digit on front of AMEX)*

Amount to be charged \$ \_\_\_\_\_ Phone # \_\_\_\_\_

Confirmation Email \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

## Employer/Applicant Signatures

We, the undersigned, understand the importance of participation as outlined in this application form and, if selected to participate, will make every effort to allow work release time to meet the requirements.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer (please PRINT name)

\_\_\_\_\_  
Company

**Applicant's preferred mailing address:** (Circle one) Home or Business

**Please send completed application to:**

**Mail to:** Waukesha County Business Alliance  
Attn: Advanced Leadership  
2717 N Grandview Blvd, Suite 300  
Waukesha, WI 53188

**Email to:** alliance@waukesha.org

**Fax to:** 262.542.8068