



## **APPLICATION FORM**

**Please Return Application To:**



**1113 Second Place South  
Phenix City, AL 36869  
334-727-6610**



How long have you lived in Russell County? \_\_\_\_\_

**BUSINESS/PROFESSIONAL AFFILIATIONS:**

MOST RECENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

**PROFESSIONAL AFFILIATIONS:**

Name of Group	Position Held	Period of Affiliation
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

(Add additional information if desired)

**COMMUNITY INVOLVEMENT:**

Please include civic, religious, political, social, athletic or other activities and your assignment and/or position in these community activities.

Name of Group	Position/Assignment	Length of Service	Active Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe additional Skills, Qualities/Personal Accomplishments (awards, recognition, etc.)

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\_\_\_\_\_



**Short Biography (100 words or less) – Share Who You Are?**

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**COMMITMENT:**

The course consists of five (5) training sessions which will be held from March 25, 2023 to July 22, 2023. The “Meet and Greet” is scheduled for March 25, 2023 and the graduation will be held on July 22, 2023. Attendance at both events is Mandatory for those selected to participate in the program. During the remainder of the program, participants are allowed **one (1) absence**. Exceptions to this attendance policy are granted by the ELITE staff, only in cases of extreme circumstances. If you are unable to make a commitment at this time, it is best to apply for a future program year when requirements can be met.

**ACKNOWLEDGEMENT:**

I understand the purpose of the ELITE Leadership Academy, and if selected will devote the time required to successfully complete and graduate from the program. I also understand that I may be asked to participate in focus groups or to complete a questionnaire regarding my participation in ELITE. I give my permission to have any photographs or videos in which I appear used for educational materials in print and electronic media.

**Print Applicant’s Name:** \_\_\_\_\_

Applicant's

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