



Heber Leadership Academy 2024-2025 Application

First:	Last:
--------	-------

Phone:	E-mail:
--------	---------

City:	State:	Zip:
-------	--------	------

Company/Business:	Job Title:
-------------------	------------

Tell us a little about yourself:

How did you learn about the Heber Leadership program?

Identify a way in which you have demonstrated leadership in your life.

What are your goals you'd like to achieve from your participation in the Heber Leadership program?

Identify a challenge, issue, or problem you feel is critical to the community. How do you see your involvement with the issue?



Please indicate any dietary or accessibility requirements:

Commitment

By signing, I am committing my time and energy for participation in this 9-month program. I understand that I am expected to be in attendance at each session and that no more than 2 sessions may be missed to graduate. All sessions will be held on one Thursday of each month from 12pm-4pm.

Signature of applicant:

Date:

Signature of support if sponsored by employer:

Check 1 box for t-shirt size.

<input type="checkbox"/> XX <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	Men's	<input type="checkbox"/> XX <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	Women's
--	--------------	--	----------------

Application should be completed and emailed to jsummers@heberut.gov no later than August 15th, 2024. After participant selection is complete, you will be informed of application standing and any additional steps needed for enrollment in the program.

If accepted, the cost for this 9-month program is \$200 for Chamber Members and \$250 for non-members. Please do not send payment for the program until you have been accepted.