

POWESHIEK LEADERSHIP PROGRAM

Directions: Please complete each section fully. Sign & submit to address on back.

Personal Data

Name _____
Last First Middle preferred first name

Home Address _____
Street City Zip

Home Phone _____ Home email _____
Preferred email to receive Poweshiek Leadership communication.

Employment

Business _____
Name Street/Box City Zip

Phone _____ Email _____

Position _____ Length of employment _____

Describe current role/responsibilities: _____

Supervisor _____
Name Title

Phone e-mail

Education

(Include college, business or trade schools, other specialized training, high school; begin with most recent.)

Institution	Dates	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Qualifications

What strengths & experience would you bring to the program? _____

What do you hope to gain from the course? _____

Community Involvement

Organization	Position(s) Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of interest and/or future community involvement: _____

Conditions & Agreement

By submitting this application to PLP, I'm agreeing that attendance at all sessions is required, that the September orientation session is mandatory, and that commitment and motivation are critical to success in PLP. If I miss more than 2 sessions, I will drop the program; registration fees will not be refunded.

Successful completion of the PLP program will result in a graduation award and a certificate for 4 CEUs from Iowa Valley Continuing Education for this Community and Professional Development course.

I understand the commitment required to succeed in Poweshiek Leadership Program. If selected, I will devote the required time as listed above and support the goals of the Poweshiek Leadership Program.

Applicant's signature _____ Date _____

Tuition of \$350 (Early Bird discount of \$50 if received by August 21) provides for 50 contact hours of training over the course of 9 sessions, plus refreshments and materials. Do not include payment with application.

Who will be responsible for your tuition? Self _____ Employer _____ Other _____

A limited number of partial scholarships may be awarded. If interested, please explain your needs below: _____

**Return by August 21 for Early Bird Tuition of \$300 or
August 28 for tuition of \$350 to:
The Poweshiek Leadership Program
% Catherine Lents, Poweshiek County Extension
P.O. Box 70 (114 S. 3rd St.), Montezuma, IA 50171
or Fax Catherine at Poweshiek County Extension, 641-623-5302
or e-mail clents@iastate.edu**

Iowa Valley Continuing Education is operated by Iowa Valley Community College District and serves residents in the four-county area including Hardin, Marshall, Poweshiek, and Tama counties. IVCCD is accredited by The Higher Learning Commission (www.ncahigherlearningcommission.org; ph. 312-263-0456), is a member of the North Central Association of Colleges and Schools, and is approved by the Iowa Department of Education. It is the policy of IVCCD to provide equal educational and employment opportunities without discriminating on the basis of race, religion, color, creed, marital status, national origin, age, disability, sexual orientation, or gender in its educational programs, activities, or employment and personnel policies. Iowa Valley Community College District understands its responsibilities under the Americans with Disabilities Act to make reasonable accommodations for students with disabilities. Please indicate by calling IVCE at 641-752-4645 or 1-800-284-4823 if there are accommodations needed for a meeting/class to be accessible for your participation.