



# 2025-2026 CONFIDENTIAL APPLICATION

**All applications will be handled in strict confidence.  
Please limit responses to the spaces provided.**

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Home address: \_\_\_\_\_ Years in Ashtabula County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

Preferred mailing address: Home or Business

Emergency Contact Information (Name & Phone):. \_\_\_\_\_

## **Part 1: EMPLOYMENT**

Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of organization: \_\_\_\_\_

Your title: \_\_\_\_\_

## **Part 2: EDUCATION**

Name and City of School

Graduation Date

Degree/Major

Post-Secondary: \_\_\_\_\_

Post-Graduate: \_\_\_\_\_

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## Part 3 ORGANIZATIONS/ ACTIVITIES/ COMMUNITY INVOLVEMENT

Organization(s) where you currently volunteer and a description of the responsibilities: \_\_\_\_\_

\_\_\_\_\_

List, in order of importance to you, organizations of which you have been a member (i.e. community, professional, organized labor, religious, social, athletic, etc.):

Organizations	Dates of Membership	Official Position Held
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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What have you accomplished in any of these activities you believe to be a significant leadership role? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Part 4: GENERAL

What do you hope to gain and how do you expect to utilize your LEADERSHIP Ashtabula County experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your judgment, what are the two most pressing issues facing Ashtabula County today? Explain why and give any recommendations you may have for approaching and resolving these issues. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 2025-2026 CONFIDENTIAL APPLICATION (CONTINUED)

## Part 5: TUITION

Tuition for the 2026 Signature Program is \$2,400. There is a \$200 fee due upon acceptance into the program that will be applied toward the total tuition amount. Total tuition or a payment plan in place is due by the start of the opening retreat.

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

If you need financial assistance, please call the LEADERShip office for more information.

I understand the purpose of the LEADERShip Ashtabula County Program and that completion of this application does not ensure acceptance into the class. If selected to participate, I will devote the time required and make tuition payments in a timely manner.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application to: LEADERShip Ashtabula County, Inc.  
PO Box 643  
Ashtabula, OH 44005-0643

Email: [info@leadershipac.org](mailto:info@leadershipac.org)  
Phone: (440) 998-3888  
Visit: [www.leadershipac.org](http://www.leadershipac.org)

## LEADERShip Ashtabula County, Inc. References

Name of Applicant: \_\_\_\_\_  
Please list three references, at least one being a LEADERShip Member.

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_