

Xi State Advanced Leadership Management Seminar Application

“Climb Your Mountain, Reach Your Goals.”

April 3-5, 2009 Cumberland Mountain State Park

Crossville, TN

Application Deadline: Postmark by February 15, 2009

(Please type or print)

Date of application:	What year did you attend the Leadership Seminar?
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GENERAL INFORMATION:

Name:	Birth date:
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Address:

Home phone:	Work phone:
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Cell phone:	Email:
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Fax number:	Current professional position: (If retired, give retirement date and last professional position.)
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Number of years of professional experience:	Major professional responsibilities:
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Date of Delta Kappa Gamma initiation: (month/year)	Present chapter:
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Location:	Area:
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DELTA KAPPA GAMMA PARTICIPATION:
(Offices, committee assignments, and service, beginning with the most recent.)

Chapter:

Area:

State:

International and/or regional:

List all area, state, regional, and/or international meetings/conventions attended:

PROFESSIONAL PREPARATION:

Educational background:

College or University:

Degree:

Membership, offices, and involvement in professional organizations other than the society: (Begin with the most recent. Define acronyms and initials.)

Recognitions and special achievements:

Community involvement and achievements: (Membership, offices, responsibilities, in community organizations or voluntary service, beginning with the most recent.)

IMPACT STATEMENT: Write a paragraph addressing how the beginning Leadership Seminar helped you become a stronger leader. Be sure to address some **specific** benefits from the Seminar and **how you have used this training** to benefit the Society, your school, and/or community. Also include how you think the training from the Advanced Leadership Seminar will help you and how you plan to use it.

(250 WORDS)

How would you best describe yourself and your leadership traits?

What major contributions have you made to the society in the past?

Additional comments that may be of value to the individuals reviewing this application:

EMERGENCY INFORMATION: The following information will be necessary should you be accepted.

Person to notify in case of emergency:

1.	Phone Number:
2.	Phone Number:
3.	Phone Number:

Please describe any medical condition(s) that may need medical attention during your participation in the Seminar.

Any special dietary needs:

Please circle: smoker non-smoker

Applicant's Signature:

Deadline Date: Applications must be postmarked **on or before FEBRUARY 15, 2009.** Applicants will receive notification by regular mail of either participant or alternate status by March 3, 2009. Please mail applications and references to:

**Mary Evelyn Perkinson
470 Perkinson Lane
Decatur, TN 37322**

Be sure to include
(1) your signed application,
(2) your chapter president's reference form.