



Leadership Salkehatchie Participant Application



Personal Information

Full Name: _____
Last *First* *M.I.*

Employer: _____ Type of Business: _____

Title: _____ How Long: _____

Current job responsibilities: _____

Describe your most important accomplishments: _____

Preferred Mailing Address: _____
Street Address *Suite #*

_____ *City* *State* *ZIP Code*

Business Phone: _____ Cell Phone: _____

Preferred Email Address: _____

Nominated By: _____

Have you participated in other leadership programs? Yes No If so, what program? _____

Date of Birth: _____ Gender: _____

Ethnicity: _____

Marital Status: _____ Spouse's name, if applicable: _____

Children Name(s) and Age(s): _____

Post – Secondary Educational Information

Degree(s), Year awarded _____

Institution(s): _____



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Additional Information

How long have you lived in SC: _____ What is your hometown? _____

County you live in: _____ County you work in: _____

List any civic, professional, business, social, athletic or other organizations you are or have been a member of, and your title, if any:

What are you hoping to gain from this program?

What problem that you see confronting our region is of greatest concern to you?

What are your favorite leisure activities?



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Please list any dietary restrictions:
