

Leadership Anchorage Application

Application Deadline: Postmark, Fax or E-mail to be received by 5:00 p.m. Friday, August 28, 2009.

Please Type or Print

Name:

Date:

Age:

Ethnicity:

Male Female

Street Address:

City:

State:

Zip Code:

Telephone (day):

(evening):

Fax:

E-mail Address:

When is the best time to contact you?

Involving Anchorage's diverse communities is essential to the success of *Leadership Anchorage*. Please identify the various communities, arenas, and groups that have had the greatest influence on your identity and where you make your largest contributions

How long have you lived in Alaska?

In Anchorage?

What skills, interests and abilities would you bring to *Leadership Anchorage*?

How, and in what capacity, have you contributed to the health and vitality of the community?

Are you able to commit to 10 full-day training session on 7 Saturdays and 4 weekdays, as well as approximately 100 additional hours of related work (e.g. homework, project work, etc)? Y N

Do you understand that missing more than two sessions will result in your automatic withdrawal from the program? Y N

Please answer the following 3 questions.

Limit your answers to no more than one double-spaced page per question.

Audiotaped responses may also be submitted with a 3-minute limit per question.

1. If, by bringing people and resources together, you could make one dramatic, long-lasting, and important change to Anchorage, what would you make happen? How would you start?
2. When in your life have you experienced community? Tell us about this.
3. What do you wish to gain from your participation in *Leadership Anchorage*?

Employment Status

Full-time Part-time Unemployed Self-employed Student Retired

Volunteer

Current job title and employer

Volunteer Experience

What community boards, organizations or constituency groups are you/have you been affiliated with?

Educational Background

High School Undergraduate Masters Doctorate

Part of the Leadership Anchorage experience includes the opportunity to work with a mentor you will select based on personal/professional goals objectives you design.

*If selected into the program, is there an individual in our community you would like to be your mentor? Why? (this person may be someone that you do not know, it could be someone you have observed or read about)

*Please identify 2 traits/characteristics you are looking for in a mentor.

Leadership Anchorage requires three **current** letters of reference, including at least one letter from a specific community group where you are or have been involved (*e.g., community council, religious or educational group, tribal group or organization, Arts Council, Filipino Community of Anchorage, etc.*). Please do not include letters of recommendation from relatives, and only one letter from your employer or work place.

Signature: _____ Date:

Tuition for the program is \$1,250 (payable in installments.) Please note tuition is non-refundable after Session 3.

Financial aid is available on a limited basis. If you would like to be considered for a scholarship, please check the box, and complete the "Statement of Need" and "Request for Tuition Assistance" forms attached to this application.

Please postmark, fax or e-mail the application and 3 letters of reference to be received by August 28, 2009 at 5:00 p.m. to:

Alaska Humanities Forum, Attn: *Leadership Anchorage*, 421 West First Ave, ste. 300, Anchorage, AK, 99501 or Fax: (907) 272-3979, and email to jmackenzie@akhf.org .

Questions? Call Jim MacKenzie, *Leadership Anchorage* Program Director at: (907) 272-5324 or email at jmackenzie@akhf.org.



Leadership Anchorage

Request for Tuition Assistance 2009-2010

Name

Leadership Anchorage Expenses per Participant*	\$5,000
Corporate Underwriting (45%)	\$2,250
National Endowment for the Humanities contribution	\$1,350
Alumni Contributions towards Financial Assistance	\$150

* last year's numbers, 2008-2009

TOTAL tuition to be covered by Civic Entrepreneur **\$1,250.**

Contribution from employer _____

Contribution from sponsoring organization(s)
(Native corporation, Rotary, nonprofit, etc.) _____

Amount raised by Civic Entrepreneur _____

Amount personally contributed by Civic Entrepreneur
which can be divided into monthly payments _____

Scholarship need _____

Household income:

- \$25,000 - \$35,000
 \$35,001-\$45,000
 \$45,001-\$63,000
 \$63,001 - \$75,000
 \$75,001-\$90,000
 over \$90,000

Members of household (adults/children): _____/_____

Extraordinary circumstances: (medical, hardship, etc.)



Statement of Need for Financial Aid