

Personal Information

Full Name:

Last _____ *First* _____ *M.I.* _____

Employer:

Type of Business: _____

Title:

How Long: _____

Current job responsibilities:

Describe your most important accomplishments:

Business 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): _____

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 county is of greatest concern to you? _____

What are your favorite leisure activities? _____

Please list any dietary restrictions: _____