**ICA Leadership Academy**

**Participant Application**

**Applicant Information**

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

Phone Number & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why do you want to participate in the ICA Leadership Academy and what do you hope to learn through participation in the Academy?**

**How would you describe leadership?**

**Briefly describe your current work responsibilities.**

**Please briefly describe any civic, charitable, business, or professional activities you are involved with.**

**Please list any special accommodations needed (dietary or otherwise).**

**Program Dates** (all classes will be held the Des Moines metro area)

* October 8-9, 2019 (afternoon of October 8th and morning of October 9th)
* November 5, 2019
* January 14-15, 2020 – in conjunction with the Executive Pathways Conference
* February 5, 2020
* March 22, 2020 – Evening – Graduation dinner
* March 23, 2020 – Participants will be recognized during the Annual Meeting of Members at the ICA Annual Meeting & Expo

**Participant Expectations**

* Attend and actively participate in all scheduled sessions. Emergency situations will be handled on a case-by-case basis.
* Complete any homework assignments given to the class. At this point, we don’t anticipate this being a large time commitment
* Participate in at least one ICA committee meeting/conference call during the course. Most committee meetings are held by conference call and are generally one hour in length.

By signing and submitting this application, I acknowledge receipt of and understand the above participant expectations as it relates to the ICA Leadership Academy. I also understand that, if I am accepted into the ICA Leadership Academy, payment of the registration fee is due by September 13, 2019. Refunds will not be issued to participants who fail to meet the expectations of the program or who leave the program at any point.

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Applicant Signature Date

**ICA Leadership Academy - Employer Support Commitment**

**Employer Information**

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your goals for your employee who is participating in the ICA Leadership Academy.**

**Employer Support**

I affirm the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the ICA Leadership Academy. I acknowledge receipt of and understand the above participant expectations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my support to fully participate in the ICA Leadership Academy. I also understand that, if my employee is accepted into the ICA Leadership Academy, payment of the registration fee is due by September 13, 2019. Refunds will not be issued to participants who fail to meet the expectations of the program or who leave the program at any point.

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Signature Date