



APPLICATION

1. Name _____
Home Address _____
City/State _____
Phone _____
Cell Phone _____

2. Date of Birth _____ Social Security Number* _____

3. Business/Professional Affiliation (if applicable) _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail Address _____
Preferred Mailing Address _____

4. Optional: Although the answer to the following question is strictly voluntary, it will assist us in our efforts to ensure a diverse membership.
 African American Asian Caucasian
 Hispanic Native American Other

5. Attach resume or bio.

6. Please indicate how you learned about Greater Missouri. Check all that apply.
 Friend
 Human Resources Department
 Colleague
 Professional Association (Specify) _____
 Newspaper/Magazine/Radio/TV (Name City) _____
 Greater Missouri Mailing
 Greater Missouri Member/Board Member
 Greater Missouri Recruitment Event
 Greater Missouri Website
 Women's Network
 Other



7. If not listed on your resume, please tell us about your volunteer activities (i.e., nonprofit, civic or religious).
Organization(s):
Position(s) Held:
Dates of Participation:
Special Awards/Accomplishments:

8. On a separate sheet, explain in 150 words or less:
 - A. Why do you want to participate in the Greater Missouri Leadership Challenge?
 - B: What unique strengths, experience and passion would you bring to the organization?
 - C. What do you hope to gain from participants in the program?

9. Please attach two letters of recommendation.

10. If not selected for the Women's Network scholarship, please forward my application to Greater Missouri.
Yes
No

TUITION: Full tuition is covered by scholarship from Women's Network.

Mail your application by **Friday, September 9 at 5:00 p.m.** to:

Kate Stull, Director
Women's Network
Columbia Chamber of Commerce
300 South Providence Road
Columbia, MO 65203

*Submission of application implies that your employer agrees to support commitment of 12 days throughout the year.

* Meals are on your own expense.