

# 2018 LEADERSHIP OLATHE STUDENT APPLICATION

*More Than 30 Years of Building Community Leadership  
A program of the Olathe Chamber of Commerce*

Application to Leadership Olathe is open to persons who have or are currently living, attending school or working in the Olathe area. Student program participants are nominated by a school administrator and selected by the Leadership Olathe Steering Committee. Student selection is based on individual merits contained in the following application. All candidates must have the full support of the school and parents/guardians. This includes the support of administrators of school extracurricular activities, such as sports and arts organizations. Leadership Olathe requires a serious commitment of time and focus. Attendance at all sessions is mandatory. In reviewing the applications, Leadership Olathe looks for potential participants who demonstrate the following criteria:

- A commitment and motivation to serve the community.
- A demonstrated background of community involvement or a sincere commitment to become involved.
- A history of leadership or evidence of potential leadership in one's school, organization or community.
- The ability to make the time commitment required by the program.

High school students are required to submit a student application to their school administrator. **The completed application must be submitted to a school administrator no later than Friday, November 3, 2017. The school is required to submit student applications to [bafelski@gmail.com](mailto:bafelski@gmail.com) for review by the Leadership Olathe selection committee no later than Friday, November 10, 2017.**

**School administrators may apply for youth scholarships to cover the \$1100 fee of tuition by submitting a scholarship request form found at [www.olathe.org](http://www.olathe.org).** Limited scholarship funds are available for those organizations in need. Organizations applying for tuition assistance must meet all guidelines and criteria. Scholarship request form must be completed and submitted with student application to be considered for financial assistance, which is determined by the Olathe Chamber of Commerce Foundation Fund and Olathe Chamber Board of Directors.

All student nominees must complete the following application. However, completing this application does not guarantee selection. In order for this application to be deemed eligible, all questions must be answered and include required signatures. Applicants are also required to submit two letters of recommendation with the application. Candidates will be announced by December 15, 2017. Please read all instructions carefully. If you have any questions, please contact Beth Felski at [bafelski@gmail.com](mailto:bafelski@gmail.com).

## I. Contact Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Email \_\_\_\_\_

Parent or Legal Guardian name \_\_\_\_\_

Parent of Legal Guardian emergency contact number \_\_\_\_\_

**II. Education**

Name of high school you attend: \_\_\_\_\_

Year in school: \_\_\_\_\_

High School Principal: \_\_\_\_\_

**III. Employment**

List any current job or past employment with job title and employer:

\_\_\_\_\_  
\_\_\_\_\_

**III. You and Your Community**

Number of years in the Olathe area: \_\_\_\_\_ years

List all extracurricular activities you currently participate in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Complete these sentences: I am most proud of \_\_\_\_\_

My greatest strength is my ability to \_\_\_\_\_

Few people know I can \_\_\_\_\_

A. In your opinion, what is the one greatest asset of our community today?

\_\_\_\_\_  
\_\_\_\_\_

B. In your opinion, what is the one greatest challenge facing our community?

\_\_\_\_\_  
\_\_\_\_\_

C. Describe a situation when you utilized your own leadership skills in motivating a team:

\_\_\_\_\_  
\_\_\_\_\_

D. Explain how you have had to deal with a conflict situation and how you resolved it:

\_\_\_\_\_  
\_\_\_\_\_

E. What is your definition of a leader?

\_\_\_\_\_  
\_\_\_\_\_

F. How much time do you currently (or hope to in the future) commit to volunteer activities? \_\_\_\_\_ hours per month

G. List any volunteer political, social, civic, or religious organizations in which you are currently active:

Organization	Position (member, officer, etc.)
_____	_____
_____	_____
_____	_____

H. What do you consider your most important accomplishment in one of the above organizations and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. What type of volunteer activities would you like to become active with in the future?

\_\_\_\_\_

J. Do you have any political aspirations?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Possibly in the future.

#### IV. Purpose

A. What motivated you to apply for this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What do you hope to gain from your participation in the Leadership Olathe program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What do you think you can personally contribute to your community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. How did you learn of the Leadership Olathe program or if nominated, please list the name/organization who nominated you?

\_\_\_\_\_  
\_\_\_\_\_

#### V. References

Please list two persons who are knowledgeable about your leadership performance and potential. Submit a letter of recommendation from each of the persons listed below with your application.

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Company \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Company \_\_\_\_\_ Phone # \_\_\_\_\_

VI. **Commitment**    Attendance at all Leadership Session is mandatory. Leadership Olathe sessions take priority over extracurricular activities. Please refer to program schedule for session dates.

#### A. Applicant Signature

With my signature, I swear that all statements in this application are true. I understand the purpose of Leadership Olathe and if I am selected, I will devote the time and resources necessary to complete the program. I further understand that my attendance at all

sessions is mandatory and takes priority over extracurricular activities. I also understand the above commitments and agree to be bound to them by signing this application.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**B. School Administrator Signature**

As a school administrator, I will support this applicant's participation in the 2018 Leadership Olathe program by assuring that this applicant can attend each session and his/her teachers/coaches understand the commitment of participating in the program sessions.

**Signature of School Administrator** \_\_\_\_\_

**Title** \_\_\_\_\_

**C. Parent/Guardian Signature**

As the parent, I will support this applicant's participation in the 2018 Leadership Olathe program by assuring that this applicant can attend each session.

**Signature of Parent / Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Save this application as a pdf and submit to your administrator with two letters of recommendation no later than Friday Nov. 3, 2017. Administrators are required to submit student application and letters of recommendation electronically to bafelski@gmail.com by November 10, 2017, with scholarship request form (if applying for scholarship funds).**

The Olathe Chamber of Commerce/Leadership  
Attn; Beth Felski, bafelski@gmail.com  
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Olathe, KS 66061

