



gsLEAD for Emerging Leaders
a program of
gsSCENE for Young Professionals
2010-2011 Confidential Application

Application Requirements:

- 1) All applications must be typed (visit www.gsSCENE.com for an online version)
- 2) You are required to submit three letters of reference with your application*
*Only one of these letters may be from your place of employment. Your letters should come from three different businesses.
- 3) Mail applications to: Blakely Jenkins, c/o gsSCENE, P.O. Box 2115, Myrtle Beach, SC 29578

Name: _____
Business: _____ Title: _____
Address: _____
City: _____ St: _____ Zip: _____
E-mail Address: _____
Home phone: _____ Business phone: _____
Length of residency in Myrtle Beach: _____

I. GENERAL INFORMATION - One of the goals of this program is to develop and train potential leaders providing the community with greater continuity in, and improved quality of, leaders and future board members.

A. Please explain what you hope to gain if selected to participate in gsLEAD.

B. Tell us what you could personally bring to the program.

C. Define your concept of leadership.

D. Describe how you embody leadership in your personal and professional life.

II. ACTIVITY DATA - How are you currently invested in the Grand Strand? Please include specific gsSCENE volunteer activities. If you wish to list more than the space allotted please do so in similar format on additional page.

A. Major volunteer role(s) at this time.

Organization: _____

Position: _____

Describe responsibilities: _____

Organization: _____

Position: _____

Describe responsibilities: _____

B. Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic or other organizations of which you are or have been a member.

Organization	Dates of Membership	Official Position

C. How much time each month do you commit to community, civic, professional and other organizations and activities? _____

D. On what community boards, committees, or groups would you like to become active? Identify or explain what you would like to accomplish in those groups. _____

III. EDUCATION

(Begin with high school, then college(s), business or trade schools and/or specialized training)

A. Name and City of School Dates (from-to) Degree Major

School	City, State	Dates (from-to)	Degree Major

B. Special Awards, Honors, Prizes for Academic Performance

C. Extracurricular Activities and Special Honors or Awards for Leadership Activities

I understand the purposes of the gsLEAD program and, if I become a participant, will devote the time and energy necessary to make it a successful experience. I also understand that my submission of the application does not guarantee my acceptance into the program.

Signature of Applicant: _____ Date: _____

CONTRACT: I understand that gsLEAD is a 6 session instructional program demanding my attendance. These classes are held the 1st Tuesday of each month from September-February The program requires 25 total hours of instructional programming and board observation. To qualify for certification I understand I must complete all 25 hours. If selected to participate in the program, I agree to make all reasonable efforts to fulfill the requirements for completion.

Signed: _____ Date: _____

Applicants for the gsLEAD program must have the support and commitment of their business. All applicants must have the support of their employer. Please indicate the name(s) of your employer as an indication of support for your participation in gsLEAD

EMPLOYER:

Contact person:

Title:

Phone: