## Leadership Surry County 2020-2021 Application

## **DUE DATE: AUGUST 31, 2020**

Name:			
Home Address:	Phone:		
City:	State:	Zip Code:	
Business Address:	Phone:		
City:	State:	Zip Code:	
Employer:			
Title:	Contact email:		
The responsibilities of my position include	de:		
Prior employment (indicate dates):			
High School/Location/Diploma/Year:			
College/Location/Degree/Year:			
Other Education/Location/Diploma/Year:	:		
Educational or professional accomplishment	nents, honors, or reco	ognition:	
Community activities in which I have par	ticipated include (list	in order of importance to you):	

I wish to participate in Leadership Surry County because:		
I believe I can make the following contributions to Su 1)	irry County:	
2)		
3)		
Additional information which I would like the Selectio application:	n Committee to have in considering this	
Tuition in the LEADERSHIP SURRY COUNTY prograrrangements for payment must be made upon select		
Applicants should be committed to attending the	seven (7) seminars.	
Yes, I can make this attendance commitment, a	and I have the support of my employer.	
Applicant's Signature	Date	
Nominator's Signature (if applicable)	Date	
Employer's Signature	Date	

Return by August 31, 2020 to:
Leadership Surry County
Surry County Economic Development Partnership
PO Box 7128, Mount Airy, NC 27030
Make Checks Payable to Surry Community College
630 S. Main Street, Dobson, NC 27017