



Dear Applicant:

It is a pleasure to have you as a potential leadership candidate. We encourage you to complete and return your application to establish your candidacy for participation in the Leadership Washington Program. Applications may be mailed to **PO Box 7933, Olympia WA 98501** or submitted via email at leadershipwa@awb.org.

Instructions for completing the application are included with the packet. If you would like any of the forms emailed to you please send your request to leadershipwa@awb.org. You will note that four recommendations are required. Please have the recommendations returned directly to the Institute office. Our selection committee will hold your application and recommendations in strict confidence. Your completed application must be received in the Institute office no later than **June 30**. Additionally, the letter of support from your employer, if applicable, must be submitted before the **June 30** deadline.

After a preliminary review by the selection committee, every effort will be made to hold a personal interview with you. All interviews will be held in July. Please notify this office if you have a change in address, email address or telephone number other than those listed in your application. All applicants will be notified of the selection results in July. The first seminar is scheduled for September 19-21, 2017 in Cle Elum at the Association of Washington Business annual Policy Summit.

There will be seven resident seminars during the nine-month period (for a total of approximately 15 days). The resident seminars are held at various locations throughout the state. **Please note that the commitment you make includes attendance at all seminars.** The cost of getting to and from the in-state seminars will be your responsibility. Each candidate will pay a participation fee of \$3,500. Since the value of participation in the program is \$10,000, the other \$6,500 will be paid for by the program sponsors.

If you have any questions, please contact our office at 360.943.1600 or email leadershipwa@awb.org.

Sincerely,

A handwritten signature in blue ink, appearing to be "Kurt Johnson", written over a white background.

President & CEO
Association of Washington Business

MISSION

“We are a leadership development program dedicated to producing strong, articulate, informed leaders who will lead Washington state industry in a globally competitive economy.”

TO BE ELIGIBLE, AN APPLICANT MUST:

Be given approval by the candidate’s employer to take the required time of 15 days over nine months. Self-employed individuals **must** demonstrate their ability to be away from their enterprises for the necessary amount of time.

PURPOSE OF SELECTION PROCESS

To identify the highest quality candidates from Washington state industry who have the potential to provide the most effective leadership.

It is the policy of the Leadership Washington Program to develop a broad mix of industry representatives in each class with the objective that attaining the highest quality of nominees, either singularly or as a class group, is not compromised.

The Board of Directors of the Association of Washington Business expects each participant in the Leadership Washington Program to fulfill the four following commitments:

1. To **attend all** seminars
2. To **assume** leadership responsibility
3. To **participate** in postgraduate leadership activities
4. To **help** in the perpetuation of the Leadership Washington program

INSTRUCTIONS TO APPLICANTS

- Read the Leadership Washington Program information carefully, noting both requirements for selection and the time and monetary requisites for participation if selected.
- Read the entire application before beginning to write. Please keep a duplicate copy of your application for your own file.
- **Note the deadline for receipt of application—June 30.**
- Complete all portions of the application. Your application materials will be copied and distributed to members of the selection committee, and it is important the information regarding your candidacy be **legible**.
- If not self-employed, please be sure to have your employer complete the “Confirmation of Support and Release from Employer” form. **Signed copy must be returned to the Institute before June 30.** These forms may be sent or emailed to the Institute.
- Recommendation forms are to be completed and returned directly to the Institute by the recommenders **before June 30**. Four recommendations are required. Select your personal recommenders carefully in terms of their ability to provide the type of information requested on the form. Be sure your name is on each form **before** you distribute them to your recommenders. **The four recommenders will need to mail or email the form directly to the Institute.**
- The employer support and release form and all recommendations, as well as the completed application, should be sent or emailed to:

ASSOCIATION OF WASHINGTON BUSINESS INSTITUTE

PO BOX 7933

OLYMPIA WA 98507

360.943.1600

leadershipwa@awb.org

- Responsibility for submission of all forms rests with the candidate. You will receive acknowledgment of receipt of your application from the Institute.
- Applicant interviews will be held in July.
- The results of the selection process will be sent to all applicants in July.



PARTICIPANT COMMITMENT

Upon acceptance by the Association of Washington Institute as a participant in the leadership program, I understand that I am expected to pay a participant fee of \$3,500, which can be paid in two installments of \$1,750 within 30 days of receiving your acceptance letter and the final \$1,750 due 60 days after receiving your acceptance letter. Since the value of program participation is \$10,000, the other costs of approximately \$6,500 shall be paid for by program sponsors.

There will be seven resident seminars during the nine month period. The resident seminars will be held at various locations throughout the state. Travel to and from the seminars within the state is the responsibility of the program participant. I acknowledge that I will be expected to pay the cost of traveling to and from the resident seminars.

I understand that my participation in each seminar is an important component in the learning experience of my classmates individually and for my class as a whole. Accordingly, I acknowledge that I will be expected to attend ALL seminars.

I understand further that the AWB Institute incurs substantial costs in arranging lodging, meals, transportation and other goods and services needed to support my participation in each seminar. Accordingly, I acknowledge that I will be expected to reimburse the Institute for my pro rata share of such costs for any seminar that I am unable to attend unless I notify the Program Director by telephone at least 48 hours before the scheduled beginning of such seminar.*

Upon graduation from the program, I will be asked to continue to support the program both financially and in such manner as to maintain and enhance the high level of esteem it enjoys in the state, assuring its continuing existence for providing leadership development programs for businesses in Washington state. I acknowledge that I will be expected to utilize my training to be an active leader on behalf of my industry, Washington state economic development and my community.

Signature: _____ Date: _____

Print Name: _____

* Notification involving direct, two-way communication with the Program Director is required: text message, voice mail or last-minute email will not suffice.



PARTICIPANT APPLICATION

Date: _____

Full Name: _____
First Name (Nickname) Middle Initial Last Name

Male Female Birthdate: _____ US Citizen: Yes No
(DD/MM/YYYY)

Address For Mailing: Home Office

Home address: _____

Business Address: _____

Phone: Business: _____ Home: _____ Fax: _____

Mobile: _____ Email: _____

Industry you work in: _____

List all schools attended, including high school, college and/or short courses:

NAME OF SCHOOL	ATTENDANCE DATES	DATE OF GRADUATION	MAJOR DEGREE	MINOR DEGREE

OTHER EDUCATION: _____

CURRENT OCCUPATION: _____

COMPANY NAME: _____

POSITION: _____



INDICATE RECENT AND CURRENT MEMBERSHIP AND OFFICES HELD IN ORGANIZATIONS, INCLUDING HIGH SCHOOL, COLLEGE, INDUSTRY, CIVIC, CHURCH, GOVERNMENTAL AND MILITARY.

ORGANIZATION	DATES OF MEMBERSHIP	OFFICES HELD

OF THE COMMUNITY ORGANIZATIONS LISTED ABOVE, CITE ONE SPECIFIC PROGRAM WHEREIN YOU PERSONALLY INITIATED, DEVELOPED AND PLAYED A MAJOR LEADERSHIP ROLE IN THE COMPLETION OF A PROJECT _____

LIST AWARDS AND HONORS YOU HAVE RECEIVED:

ORGANIZATION OR GRANTOR	AWARD OR HONOR

INDICATE BUSINESS OR PLEASURE READING IN THE PAST YEAR:

NEWSPAPERS (READ REGULARLY)	MAGAZINES/JOURNALS (READ REGULARLY)
BOOKS	OTHER

INDUSTRY EXPERIENCE

Please type on separate paper and include in packet

1. PLEASE LIST AND DESCRIBE YOUR ASSOCIATION WITH YOUR CURRENT INDUSTRY INCLUDING DATES EMPLOYED, COMPANIES, LOCATION, TYPE OF BUSINESS AND A DESCRIPTION OF YOUR JOB. IF PERTINENT, PLEASE INCLUDE EXPERIENCE IN OTHER INDUSTRIES.
2. WHAT DO YOU EXPECT TO GAIN FROM PARTICIPATION IN THE LEADERSHIP WASHINGTON PROGRAM? (200 WORDS OR LESS)
3. HOW WILL YOU USE THE KNOWLEDGE AND EXPERIENCE GAINED FROM THE LEADERSHIP PROGRAM TO GIVE BACK TO YOUR COMMUNITY OR INDUSTRY? (200 WORDS OR LESS)
4. SELF-EVALUATE YOUR OWN LEADERSHIP POTENTIAL. PLEASE BE SPECIFIC. (200 WORDS OR LESS)



CONFIRMATION OF SUPPORT AND RELEASE FROM EMPLOYER

NAME OF APPLICANT: _____

To the applicant: If you are not self-employed, you must have your employer complete this form authorizing your absence from employment to participate in the Leadership Washington Program.

To the employer: Please complete the following information to confirm your organization's willingness to grant the applicant time away from work for attendance at the seminars of the Leadership Washington Program.

The applicant's commitment encompasses approximately 15 days of seminar attendance over a nine-month period, September 2017 – May 2018. Please review the seminar schedule to ensure the applicant will be available to attend all sessions.

In order to maintain continuity and assure that all participants make full use of expenditures (generally provided at a rate applicable to the total group rather than individually), the program is firm about participants not missing any seminars or portions thereof.

Please feel free to contact the Institute if you need additional information regarding the program and its value to your organization and employee.

It is agreed that if the above-named applicant is accepted into the Leadership Washington Program, his/her absence from work will be arranged at the times when seminars are scheduled.

DATE: _____

SIGNATURE: _____

NAME: _____

POSITION: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

RECOMMENDATIONS

NAME OF APPLICANT: _____

All recommendations must be received in the Institute office before June 30. All replies are confidential.

List four references (at least one business; one volunteer/community; one personal) that we may contact to assess your potential for leadership. Unless you indicate otherwise, it is assumed these people will be the ones you ask to complete the enclosed recommendations.

Name:	Email:
Company:	
Position:	Phone:
Address:	
Name:	Email:
Company:	
Position:	Phone:
Address:	
Name:	Email:
Company:	
Position:	Phone:
Address:	
Name:	Email:
Company:	
Position:	Phone:
Address:	

RECOMMENDATION

All recommendations must be received in the Institute office BEFORE June 30. All replies are confidential. PLEASE COMPLETE BOTH SIDES OF THIS FORM. This form may be scanned and emailed directly to leadershipwa@awb.org or mailed directly to the ASSOCIATION OF WASHINGTON BUSINESS INSTITUTE, PO Box 7933, OLYMPIA WA 98507.

NAME OF APPLICANT: _____ DATE: _____

RECOMMENDER: _____

Personal Business Volunteer/Community

To the Applicant: This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential as a leader in your industry.

To the Recommender: The Leadership Washington Program is intended for persons who have demonstrated leadership potential in their industry. May we please have your assistance in judging this candidate through your frank evaluation of his/her abilities and attitudes? (This recommendation will be held in confidence and should be returned directly to the Institute office in order for the candidate's application to be considered.)

I know the applicant: Thoroughly Fairly Well Superficially

State the nature and duration of your knowledge of the applicant: _____

Please rate based on a scale from 1 to 5 with one being Acceptable and five being Excellent

	Rating	Comments
Esteem in which he/she is held in the community		
Ability to communicate		
Demonstrated leadership		
Potential for growth through this program		
Ability to work with others		
Overall assessment of leadership potential		

LEADERSHIP



WASHINGTON
AWB INSTITUTE

I understand my commitment for participation in the Leadership Washington Program and give my permission for contact of the references supplied. I hereby certify that all statements made in this application are true and complete. I agree and understand that any misrepresentation or omission of material facts herein will cause disqualification of my application. I understand that selection of applicants is the sole responsibility of the board of the Association of Washington Business Institute.

SIGNATURE: _____ DATE: _____