



LeaderForward Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title | Responsibilities | Time in Current Position:

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Community Involvement (Last 5 years)

Organization Name: _____

Responsibilities: _____

Organization Name: _____

Responsibilities: _____

Aspirations

What do you hope to gain as a member of this cohort?

What do you see as the most challenging aspect of becoming a leader?

What are some additional duties, projects, boards, committees that you could serve on to better serve your organization and develop leadership skills?

Program Expectations

Program Goals:

- Develop participants' strategic thinking and visioning skills to drive organizational success
- Help participants maximize their strengths and values to meet the demands of their leadership roles
- Teach participants how to motivate and energize their teams to achieve their goals
- Build participants' confidence and executive presence to inspire deep trust and commitment in their teams
- Teach participants how to reframe their organization's culture to create a sustainable, positive change

Participant Commitment

I will be fully committed to participating in the orientation, all cohort meetings, and individual coaching sessions. I also commit to being fully present and participating.

Current Supervisor Commitment

I fully support my employee to participate in the LeaderForward Academy. I will ensure that they will be provided with the necessary time, resources, and access for full involvement. I will serve as their accountability partner for project completion and provide valuable feedback. Additionally, I will attend the graduation ceremony to show my support and celebrate their growth.

Disclaimer and Signature

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes to the above information. I have been informed and understand the contradictions to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable.

Participant
Signature: _____ Date: _____

Supervisor
Signature: _____ Date: _____

Completed and Signed applications should be sent to info@thriveonconcepts.com

If you have any question about the program or need additional information, please contact lyabo Dedmon by phone at 816-214-8084 ext. 4