



# LEADERSHIP GASTON APPLICATION

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CHOOSE ONE SESSION:            Spring 2025 \_\_\_\_\_    Fall 2025 \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (Company Name): \_\_\_\_\_

Start date of current employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Food Allergies and/or physical limitations: \_\_\_\_\_

## COMMUNITY INVOLVEMENT

List up to three community, civic, professional, business, social or other organizations in which you are or have been a member:

Organization	Purpose of your role	Dates of affiliation
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- 1.
- 2.
- 3.

## PERSONAL STATEMENT

What do you feel are the greatest challenges and/or opportunities ahead for Gaston County?

TUITION INFORMATION

Note: Application must be filled out completely and delivered to the Gaston Business Association with a deposit of \$200. The selection process will be completed on a rolling basis, and you will be notified and billed at that time for the remaining fee for GBA members, if accepted into the Leadership Gaston program. Fee covers all expenses.

SCHOLARSHIP INFORMATION

Leadership Gaston offers A \$150 scholarship and will be awarded based on need. Applications for scholarship assistance are confidential and considered separately so will not affect class selection. Scholarship assistance applies to GBA investors only.

Yes, I need assistance: \_\_\_\_\_

If you would like to apply for the scholarship, please briefly explain why you need assistance on a separate document.

MY PERSONAL COMMITMENT TO LEADERSHIP GASTON

- **I agree to participate in all activities planned for this program and do understand the following expectations of each class participant:**
- **Each participant is required to attend 7 all-day sessions.**
- **Each participant is expected to complete certain required “out of class” assignments. (e.g. police ride along, city council meeting and/or volunteer work at a community event.)**
- **I also am aware that my employer will be kept informed of my participation in Leadership Gaston.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approval:

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Please complete, scan, and send to [steve@gastonbusiness.com](mailto:steve@gastonbusiness.com)