



## Application for Leadership Shelby Class of 2027

If you are interested in applying for the **Class of 2027**, please feel free to fill out the form below and email the completed application to Darlene Snow at [darlene@leadershipshelby.com](mailto:darlene@leadershipshelby.com) or mail the completed application to Leadership Shelby at P.O. Box 24, Shelbyville, Kentucky 40066 before May 31st, 2026.

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

Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years Residing in Shelby County: \_\_\_\_\_ Expected Tenure in Shelby County: \_\_\_\_\_ How did you hear about Leadership Shelby? \_\_\_\_\_

### **EMERGENCY CONTACT**

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **FEES INFORMATION**

Who is expected to pay your fees?  Yourself  Sponsor  Employer

Name of Person Paying Program Fees: \_\_\_\_\_

Address: \_\_\_\_\_

## **EDUCATION**

List high school, college, business or trade schools, and specialized training.

1. Name of Institution: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Dates Attended: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

2. Name of Institution: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Dates Attended: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

3. Name of Institution: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Dates Attended: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

## **COMMUNITY INVOLVEMENT**

Please list, in order of importance to you, up to four community, civic, religious, or social organizations of which you are or have been an active member.

1. Name of Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

2. Name of Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

3. Name of Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

4. Name of Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Hours Committed Each Month to Community Involvement: \_\_\_\_\_

Awards for Community Involvement:

What do you consider your most important community service endeavor to date? Why?

## **EMPLOYMENT**

Please give details of current and previous employers, together with dates.

1.Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Summary of Responsibilities:

2.Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Summary of Responsibilities:

3.Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Summary of Responsibilities:

4.Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Summary of Responsibilities:

Have you taken any of the following strengths/personality assessments?

DISC       Myers Briggs       Strength Finder       Enneagram  
 Other:

### **WRITTEN INTERVIEW QUESTIONS**

In 75 words or less, please explain your goals if selected to participate in Leadership Shelby.

In 100 words or less, identify a major challenge or opportunity facing Shelbyville/Shelby County in the next five years. How would you, as a community leader, address the issue?

## **SCHOLARSHIP ASSISTANCE**

Please describe, in 200 words or less, the reason for your request and the amount requested. No more than \$500 may be awarded.

## **COMMITMENT**

To graduate from Leadership Shelby, participants are expected to attend each monthly session for the full day. (Two excused absences may be permitted.) The program includes an opening retreat (approximately noon - 8:00PM on a Friday and then 7:30AM - 5:00PM Saturday) and a closing retreat that is a one day out of town meeting. Attendance of both retreats is **mandatory**. There are no exceptions. Failure to attend any mandatory events will result in an inability to graduate.

Applications selected for Leadership Shelby will be billed for the \$550 non-refundable tuition payable no later than July 31st. If selected, I will devote the time and resources required to fully participate in the program. **I understand if I am absent for more than two sessions, I will be required to withdraw from the program and my tuition will not be refunded.** The signatures below indicate mine and my employer's commitment to the application, attendance, and tuition requirements. Late or incomplete applications will not be considered. Applicants will be notified by email of their acceptance by June 30th. It is your responsibility to remit the \$550 tuition which must be received by Leadership Shelby no later than the July 31st deadline. If you are a scholarship recipient and do not complete the program, you will be required to reimburse the Leadership Shelby scholarship fund.

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*Applicant Signature*

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Date

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*Employer Signature*

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Date



## **Leadership Shelby Class of 2027 Checklist for Application**

If you are interested in participating in the Leadership Shelby Class of 2027, please make sure that all of the following requirements have been met by the provided deadlines.

***Late or incomplete applications will not be considered.***

The application and required attachments should be sent by email to Darlene Snow at [darlene@leadershipshelby.com](mailto:darlene@leadershipshelby.com) or by mail to: Leadership Shelby P.O. Box 24 Shelbyville, Kentucky 40066.

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### **To Be Submitted by May 31st, 2026**

- Completed Application signed by Applicant AND Employer
- \$20.00 Application fee (Sent via Check or PayPal)
- Leadership Shelby Calendar signed by Applicant AND Employer
- Letter of Recommendation #1
- Letter of Recommendation #2

### **To Be Submitted by July 31st, 2026**

- \$550.00 Leadership Shelby Tuition