



# Institute for Community Leadership

APPLICATION FOR PARTICIPATION

2019-2020 (Class 16)

Applications must be submitted by **July 17, 2019**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

HIGHEST EDUCATION LEVEL: \_\_\_\_\_

SEX:  Male  Female AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RACE:  White  Black  American Indian  Hispanic/Latino  Asian  Other

RESIDENCY INFORMATION:  Cumberland County  Registered Voter in Cumberland County

## SHORT STATEMENT ON WHY YOU WISH TO PARTICIPATE IN THE ICL PROGRAM

(2-3 paragraphs with information such as: why you are applying, your background, organizations you are part of, and your interests.) *You may use the back of this form, or attach a letter instead of completing this section of the form:*

*If accepted into the ICL Leadership Training Program, you agree to the release of your contact information to nonprofit and public organizations looking for board members and volunteers.*

YOUR SIGNATURE: \_\_\_\_\_

## PLEASE LIST TWO REFERENCES THE INSTITUTE MAY CONTACT:

Name: \_\_\_\_\_ Phone number or email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number or email: \_\_\_\_\_

HOW DID YOU HEAR ABOUT ICL? \_\_\_\_\_

For more information, call 910-672-1685, email [wtfountain01@uncfsu.edu](mailto:wtfountain01@uncfsu.edu) or visit [www.leadership4us.org](http://www.leadership4us.org)

## PLEASE RETURN THIS APPLICATION TO:

Mr. Wesley T. Fountain, [wtfountain01@uncfsu.edu](mailto:wtfountain01@uncfsu.edu)  
Executive Director, Institute for Community Leadership,  
Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301