

KEHA Leadership Academy Application Form

The Kentucky Extension Homemakers Association Leadership Academy is designed to strengthen the leadership base within the organization and provide members with training to enhance their leadership skills.

To participate in the Leadership Academy, a member must be nominated by their county or area. No more than three members from each of the 14 KEHA areas will be selected for participation and the total number of participants selected will not exceed 30. The qualifications include:

- Demonstrated a desire to enhance leadership skills;
- Expressed intent to be more involved in KEHA at the state, area, county and/or club levels;
- Confirmed a commitment to mentoring future leaders with the knowledge gained through the program; and
- Have held or be in a county or area leadership position [in KEHA or another organization], but served no more than one term on the KEHA State Board.

APPLICANT NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____ EMAIL: _____

Offices Held in KEHA and Number of Years in Each Office:

| Offices Held: | Local Club | County | Area | State |
|----------------|------------|--------|------|-------|
| President | | | | |
| Vice President | | | | |
| Secretary | | | | |
| Treasurer | | | | |

Please list all KEHA Educational and Committee Chair Positions held (county, area and state):

Personal Sketch of Nominee: (Optional)

Gender (mark one) (optional) M F

Age Range (optional) 20-24() 25-34() 35-39() 40-44() 45-64() 65+()

Community Involvement: Please list the community organizations in which you have been involved and include officer positions held, committee service, and/or awards received.

Why are you interested in the KEHA Leadership Academy?

How do you plan to use the knowledge and skills gained through participation in this program?

By signing this application, I acknowledge my commitment to attend all training sessions and complete all pre-course assignments included in the Leadership Academy, participate in all follow-up meetings/conference calls, and complete the required 40 hours of payback to the program within 12 months of completion of the training.

(To be signed by the Nominee)

County Endorsement

On behalf of _____ County, I here by endorse this application and recommend the applicant for acceptance in the KEHA Leadership Academy.

(To be signed by County Officer or Agent)

(Title or Position)

Comments about the applicant:
