LEADER UP 2026-2027

Application

Personal Information

Full Name: _____

Employer or Sponsoring Organization: _____

Job Title: _____

Home Address: _____

_____

Phone: _____

Email: _____

Sponsor's Address: _____

_____

Sponsor's Phone: _____

Sponsor's Email: _____

Applicants Date of Birth: _____

List any food allergies or dietary restrictions: _____

_____

Personal Background

Tell us briefly why you desire to participate in the LeaderUp training class.

What's something about yourself others would be surprised to learn?

Please enclose your resume or a history of your participation in community organizations, employment and education.

Signature: _____ Date: _____

PAYMENT INFORMATION

- ☐ **Check of $1395 included with this application**
- ☐ **Pay online at link provided via QR code**
- ☐ **Please send invoice to applicant**
- ☐ **Please send invoice to company or sponsor**

SCAN HERE

Return to:
Douglas County EDC
Attn: Stepheny McMahon
214 N. Main Street, Tuscola, IL 61953

For more information, please contact:
info@douglasedc.org or 217-253-2112 x134