



Saline Leadership Institute

Advanced Training for Community Leaders

Class of 2009 Application Form

To register for the Saline Leadership Institute program, please complete this application form and mail it to:

**Saline Leadership Institute
c/o Saline District Library / CQC
555 N. Maple Rd.
Saline, Michigan 48176**

**APPLICATION & PAYMENT
DEADLINE
March 21, 2009**

Name : _____

Employer or Volunteer Organization: _____

Job Title or Leadership Position: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone Number: _____ Evening Phone Number: _____

Fax Number: _____ E-mail Address: _____

Community Involvement:

<u>Organization</u>	<u>Dates</u>	<u>Involvement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Saline Leadership Institute

Class of 2009 Application Form (continued)

Please provide answers to the following questions. Your answers will help us tailor the program's contents to better meet the needs of the participants.

1. What is the role of individuals in improving the quality of life in our community?

2. Why do you want to participate in the Saline Leadership Institute? And what do you hope to learn?

I, the undersigned, understand the time commitment required to enroll in the Saline Leadership Institute. **I agree to attend the kick-off retreat on April 23—24 and at least 7 of the 9 monthly training sessions from 8:30—4:00.**

I or my employer, or sponsoring non-profit organization, agree to pay the \$495.00 tuition no later than March 21, 2009.

Signature

Date

- A check for \$495 is enclosed payable to Saline Coalition for a Quality Community
- My employer or community organization has agreed to sponsor me. Please send an invoice to the address listed on this application form.

Please mail this completed form to the Saline Leadership Institute, c/o Saline District Library, 555 N. Maple Rd., Saline, Michigan 48176