

Central Connecticut Chambers of Commerce

one region. one voice.

Leadership Program Application

Name: _____ Company: _____
Address: _____
Phone: _____ Email Address: _____

Employment Information (Attach documentation if desired)

Organization: _____ Position: _____ Dates: _____

Education (Include degree(s) and field(s) of study)

Civic Engagement and Volunteer Activities

Organization: _____ Position: _____ Dates: _____

Questionnaire

What do you hope to gain from your participation in this Leadership Program?

What qualities or experience would you contribute?

Investment

(Includes instruction, course materials, and refreshments at each session)

Chamber Member: \$1,500

Non-Member: \$1,900

Application Process

Applications must be completed and returned to the Central Connecticut Chambers of Commerce no later than April 1, 2026. Acceptance decisions will be made no later than April 24, 2026. Applicants will be notified of acceptance no later than April 30, 2026.

This employee has my full support to participate in the Central Connecticut Chambers of Commerce 6-session Leadership Program.

Employer's Name: _____ Title: _____

Employer's Signature: _____

I will participate and devote time to complete the 6-session Leadership Program.

Applicant's Signature: _____

**Return completed application no later than April 1, 2026 to:
Katie D'Agostino at K.Dagostino@CentralCTChambers.org**