



**Indiana State  
University**  
*More. From day one.*

# Leadership ISU Application Form

Please type or print in black ink.

30 N. Fifth Street  
Terre Haute, IN 47809

## Personal Information

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_  
Building/Room # \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street/Box \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_  
City State Zip

Age \_\_\_\_\_ Sex \_\_\_\_\_  
(Optional)

How long have you worked at ISU? \_\_\_\_\_

## References (with knowledge of your leadership potential):

Please include the names and addresses of three references.

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip



# Leadership ISU Commitment Statement

Name: \_\_\_\_\_

If selected as a participant in Leadership ISU, I am willing to attend all the functions sponsored by the program.

A. Attendance is vital to your becoming a graduate of Leadership ISU. This involves two retreats (fall and spring), six monthly programs, and participation in a six month leadership development mentorship or professional coaching experience. At least one retreat will run two days; the program consists of three-quarter day meetings held once a month (see accompanying schedule). To be considered for selection, you must agree to commit yourself to this block of time. Renae Kirby (LISU Advisory Committee Member and Executive Director of Leadership Wabash Valley) must be notified when circumstances arise that result in your absence. Upon her discretion, an excused absence may be granted to you. Your signature below will affirm your commitment to this program.

B. Tuition: Tuition is \$750. Please confirm that your department/program/college is supporting your tuition (check the option that applies).

My department/program/college is supporting my tuition. Name of department/program/college:

\_\_\_\_\_

Other: Please indicate how your tuition will be paid:\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant  
(Please type your full name if submitted electronically)

## Additional Questions or Information

For additional information, contact Renae Kirby, Executive Director of Leadership Wabash Valley at (812) 514-8515 or [@indstatefoundation.org](mailto:@indstatefoundation.org).