



APPLICATION FORM

Please Return Application To:



**1113 Second Place South
Phenix City, AL 36869
334-727-6610**

PERSONAL DATA:

NAME _____ SSN _____

ADDRESS _____ PHONE (H) _____

CITY _____ STATE _____ ZIP _____ PHONE (W) _____

EMAIL _____

COMMUNITY OR SUB-DIVISION NAME _____

ETHNICITY _____

DATE OF BIRTH _____

MALE ___ FEMALE ___ TRANSGENDER ___ NON-BINARY/NONCONFORMING ___

Please list below all household members (including yourself)

Name	Date of Birth	SSN	Income

STATEMENT OF AFFIRMATION

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary for the completion of this application.

I understand I am responsible for all related costs of the program paid by the State. I understand that I am subject all applicable Federal or State laws concerning fraud or if I knowingly provide false or incomplete information in order to obtain assistance.

Certification or Section 245A (Amnesty Aliens) and 210 A (Replenishment Agricultural Workers)

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A or 210A of the Immigration and Nationality Act as amended by the Reform and Control Act of 1986.

Applicant Signature/Date

Intake Worker/Date

How long have you lived in Russell County? _____

BUSINESS/PROFESSIONAL AFFILIATIONS:

MOST RECENT EMPLOYER _____

ADDRESS _____

JOB TITLE _____ HOW LONG EMPLOYED _____

Briefly describe your responsibilities _____

PROFESSIONAL AFFILIATIONS:

Name of Group	Position Held	Period of Affiliation	
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____

(Add additional information if desired)

COMMUNITY INVOLVEMENT:

Please include civic, religious, political, social, athletic or other activities and your assignment and/or position in these community activities.

Name of Group	Position/Assignment	Length of Service	Active Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe additional Skills, Qualities/Personal Accomplishments (awards, recognition, etc.)

EDUCATIONAL BACKGROUND:

Please describe your educational accomplishments during High School, Vocational School, College or other specialized training received.

Please list any certifications, degrees, recognitions, awards, etc.

GENERAL INFORMATION:

Why do you want to participate in the ELITE Leadership Academy? _____

Please describe the most important or pressing problems facing your community or neighborhood and explain why you feel these issues should be resolved. _____

Short Biography (100 words or less) – Share Who You Are?

COMMITMENT:

The course consists of five (5) training sessions which will be held from March 25, 2023 to July 22, 2023. The “Meet and Greet” is scheduled for March 25, 2023 and the graduation will be held on July 22, 2023. Attendance at both events is Mandatory for those selected to participate in the program. During the remainder of the program, participants are allowed **one (1) absence**. Exceptions to this attendance policy are granted by the ELITE staff, only in cases of extreme circumstances. If you are unable to make a commitment at this time, it is best to apply for a future program year when requirements can be met.

ACKNOWLEDGEMENT:

I understand the purpose of the ELITE Leadership Academy, and if selected will devote the time required to successfully complete and graduate from the program. I also understand that I may be asked to participate in focus groups or to complete a questionnaire regarding my participation in ELITE. I give my permission to have any photographs or videos in which I appear used for educational materials in print and electronic media.

Print Applicant’s Name: _____

Applicant's

Signature _____ Date: _____