



CHOOSING LEADERSHIP APPLICATION

Name _____

Organization _____

Email _____

Phone _____

- ☐ Yes! I want to develop my leadership skills.
- ☐ Yes! I commit to completion of Choosing Leadership
- ☐ Yes! I want to work with a mentor
- ☐ Yes! I understand I am responsible for any costs associated with Choosing Leadership
- ☐ Yes! I understand this is a self-paced program and I am responsible to complete the program in a timely way.

Thank you for Choosing Leadership! You will be contacted soon.

You will receive a CL curriculum and the name of a suggested mentor.

Please read the FAQs. Congratulations on taking this important step in your personal and professional development!

For more information, contact DFWAE (info@dfwae.org, subject line "DFWAE Choosing Leadership Program").