

Application for Class 38 2024 - 2025

Leadership Santa Cruz County envisions a future in which Santa Cruz County residents are active and well-informed participants in civic affairs. We represent the rich diversity of our County and working together cooperatively for the good of all.

Please provide the following:				
Name				
Cell	Email	Please provide us	with links or user	
names to your social media conta	act information (Facebook, Twitter, Link	kedIn, etc):		
Current Employment Information	on:			
Company Name	Work Phone	Work Email		
Company Address	City	State	Zip	
Type of Business	Your Position	Time with this	Time with this company	
Briefly describe your responsibilit	ies:			
How did you find out about Leade	ership Santa Cruz County?			
Why do you wish to participate in	the Leadership Santa Cruz County pro	gram?		

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you hoped to use the ski	ills and knowledge gaine	ed from this leadership program?
		nizations in which you have participated or would be interestion of involvement or desired involvement.)
•		nnot otherwise attend the program. If you need a partial
hip, please state your re	easons below:	
	ing Organization Conta	
Phone	Fax	Email
INDEPENDENT APPL	LICANT TUITION: I am a	an independent applicant, not sponsored by any company
organization to attend	Leadership Santa Cruz	County
organization to attend t		County.
organization to attend		ocamy.
By signing this applicavailable to participa terms, I may be drop	ication, I acknowledge ate fully. I agree to term oped from the LSCC pro	that I have been furnished with a class schedule and ns of payment for my LSCC tuition. If I do not adhere to ogram. Withdrawal from the program following confin
By signing this application available to participaterms, I may be dropparticipate will result	ication, I acknowledge ate fully. I agree to term sped from the LSCC pro t in forfeiture of tuition t to use any photos fro	that I have been furnished with a class schedule and ns of payment for my LSCC tuition. If I do not adhere to
By signing this applicavailable to participaterms, I may be dropparticipate will resultalso provide consent	ication, I acknowledge ate fully. I agree to term oped from the LSCC pro t in forfeiture of tuition t to use any photos fro C.	that I have been furnished with a class schedule and ns of payment for my LSCC tuition. If I do not adhere to ogram. Withdrawal from the program following confir n unless an alternate is confirmed prior to the first ses

Submit completed applications by email or mail to the addresses below. Payments can be made online via www.leadershipsantacruzcounty.org or by check made payable to: Leadership Santa Cruz County.

Mail: Leadership Santa Cruz County, P.O. Box 588 Capitola, CA 95010, Email: Isccdirector@gmail.com
Web: leadershipsantacruzcounty.org