



## Leadership Academy 2019-2020 Application

The Lynda Brannen Williamson Foundation (LBWF) Leadership Academy is a personal leadership development program to improve career, mentoring, and service opportunities for women. The understanding of Leadership through women’s lens will be interwoven throughout each of the sessions. Women identified for the program will be emergent leaders and will have leadership potential, career aspirations, and a commitment to community and servant leadership as a lifetime journey.

Participants will be required to attend the Opening Retreat in Athens, Georgia on September 12-13, 2019. Mandatory Session Dates are October 10, November 14, January 16, February (Legislative Day - TBD), March 12, April 16, and May 7 (also graduation).

### ***Supervisor/Employer/Sponsor Contract***

To be completed and signed by participant’s supervisor, employer, or person to whom the team member is primarily accountable:

As the immediate supervisor of \_\_\_\_\_, I have read the description of the Participant Responsibilities, and agree to the following:

- ❖ I will allow her time off from regularly assigned duties to participate in all required activities of the year-long Leadership Academy.
- ❖ I will support the participant(s)’ use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work.
- ❖ Please Select One:
  - \_\_\_\_\_ The \$1,000.00 Participant fee will be paid by the applicant.
  - \_\_\_\_\_ We, \_\_\_\_\_, will be paying the \$1,000 participant fee and it will be paid in full by September 1, 2019 unless other arrangements have been made..
  - \_\_\_\_\_ The \$1,000.00 participant fee for the LBWF Leadership Academy will be split between the applicant and employer(sponsor) in the following ratio:  
 \_\_\_\_\_ Applicant \_\_\_\_\_ Sponsor  
 and will be paid in full by September 1, 2019 unless other arrangements have been made.
- ❖ I understand that there will be no refund of the applicant fees after September 15, 2019.

\_\_\_\_\_  
***Supervisor/Director Signature***

\_\_\_\_\_  
***Date***



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### Supervisor Contact Information:

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

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

Billing/Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_