

Leadership Lycoming

102 West Fourth Street
Williamsport, PA 17701
Phone: (570) 326-1971
Fax: (570) 321-1209
leadershiplycoming.org



A Program of the Williamsport/Lycoming Chamber of Commerce

Leadership Lycoming Class of 2026

Please complete and submit this application with a \$25 application fee by **April 18th, 2025**. Checks should be made payable to Leadership Lycoming. No additional documentation is required; do not send a resume.

Please note that applicants must be employed by a Williamsport/Lycoming Chamber of Commerce member to be eligible for the program. One of the objectives of Leadership Lycoming is to fairly represent a cross-section of the community. The following information will be helpful to ensure the diversity of the group. Feel free to attach typed responses to questions requiring more space than is provided.

APPLICANT INFORMATION

Last Name:		First Name:		MI:		Preferred:	
Home Address:						Apartment:	
City:		State:		ZIP:			
Home Phone:		Cell Phone:			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth:		Email Address:					
Nominated By:					Relationship:		
Will your schedule allow you to participate fully in the program as described on page 3?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signature:

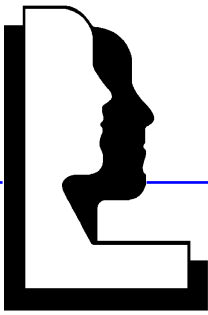
EMPLOYMENT

Present Employer:						Date Began:	
Address:							
Email:		Phone:		Fax:			
Present Position:							
Immediate Supervisor:							
Responsibilities:							

REFERENCES

Please list the names of two persons, **other than your current employer/sponsoring organization** who are knowledgeable about your leadership potential and performances, and who may be contacted regarding your qualifications as a participant.

Full Name:				Title:				
Company:								
Address:								
Email:				Phone:				
Full Name:				Title:				
Company:								
Address:								
Email:				Phone:				



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PREVIOUS EMPLOYMENT (INCLUDING MILITARY DUTY)

Company:		Position:	
Responsibilities:			
From:		To:	
Company:		Position:	
Responsibilities:			
From:		To:	
Company:		Position:	
Responsibilities:			
From:		To:	

QUESTIONS

Please answer the following questions with a typed response.

EMPLOYMENT

1. Briefly describe your present job responsibilities or activities.
2. What do you consider your most significant contribution or achievement related to your work so far?
3. Please list business/professional affiliations in which you have been active. (Do not include civic organizations, public office, or political activity.)
4. Which one of the following categories best describes your present position? (Social Services, Government, Labor, Religion, Business/Industry, Media, Education, Law, Cultural, Medical, Technology, Other)

COMMUNITY OR STATE INVOLVEMENT

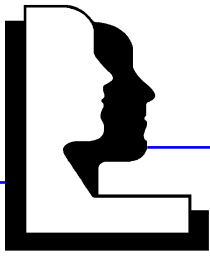
1. Please list in order of importance to you-- community, civic, professional, religious, social, or other activities. Note how much time each month you commit to these activities. Briefly state any contributions or achievements in these activities which you consider significant, and explain your role in the accomplishments.
2. Have you been as active in community, civic, or state affairs as you would like to be? If "No", what has been the major barrier and what conditions have changed that enable you to envision involvement in the community?
3. What kinds of community or state boards, committees, or groups would you like to serve in the future?

GENERAL

1. Explain what you hope to gain from your Leadership Lycoming experience.
2. Discuss what you can contribute to the program.
3. Review where you see yourself in the community five years from now.
4. Please provide any additional information, which you believe, would assist the Selection Committee in assessing your qualifications.

EDUCATION

1. List high school, college(s), business or trade schools, continuing education and other specialized training. Include name of school, city, state, dates attended, major, and degree.



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COMMITMENT AND SIGNATURE

The Leadership Lycoming program consists of a 10-month series of eight day-long seminars, one mandatory overnight opening retreat, and one day-long retreat. **Each participant is required to attend the opening retreat in September, a monthly full-day seminar on the second Thursday of each month from October through May, (except for the first Thursday in January and June, but subject to change) and graduation on the second Thursday in June.** Absenteeism is closely monitored. During your program year, you may not miss more than eight (8) cumulative hours. If you exceed eight (8) hours, you cannot graduate with your class; you will be encouraged to make up the time you missed and graduate with the following year's class.

In addition, it is required that each participant attend a board meeting, participate in a police ride-along with the Williamsport Police Department, attend four one-hour Community Advisor meetings (October, November, January and March, but subject to change) and that class members participate in at least four community volunteer projects. **On average, participants will spend an average of 15-30 hours outside of class days.**

If you are unable to make such a commitment, it is not in your best interest to apply at this time.

Tuition for the program is \$1645, which covers all program costs, including materials, meals, and room and board at the opening retreat. If accepted into the program, the sponsoring organization will be billed for \$1495. *It is suggested that the remaining \$150 be paid by the participant in order to demonstrate a personal commitment to the program.* Tuition is required at time of acceptance.

Scholarship applications are available upon request. Email request to Jesse Osborne, josborne@williamsport.org

[] I understand the purpose of the Leadership Lycoming program, and if selected, will devote the time and energy necessary to complete the program.

Print Name: _____

Applicant's Signature: _____

Date Completed: _____

The support and commitment of the sponsoring organization/employer is essential for application to the Leadership Lycoming program. Each nominee must obtain the signature of his/her organization as an indication of support.

Print Name: _____

Sponsor's Signature: _____

Title: _____

In order to be considered for application to the Leadership Lycoming program, applicants must complete all items listed on this form and be employed by a member of the Williamsport/Lycoming Chamber of Commerce. Please check the form over carefully for any omissions before submitting. All applications are subject to confidential evaluation by the Selection Committee of Leadership Lycoming. Please send completed applications to Jesse Osborne, Leadership Lycoming Coordinator at josborne@williamsport.org or via mail to the address listed above.

Due to the size restrictions of each year's class and the need for diversity in class composition, many qualified candidates may not be chosen for inclusion in this or the upcoming class. However, individuals are strongly urged to reapply in subsequent years.

A NON-REFUNDABLE APPLICATION FEE OF \$25 IS REQUESTED UPON SUBMISSION OF THIS DOCUMENT.

Signature

Date