



Registrations will be reviewed as received and accepted until the class is full, but note that space is limited. Please submit your application **online** as soon as possible for the best opportunity to be accepted.

There are a series of long form questions with character limits on the online application. Before beginning, we recommend that you review the application questions. You can [download a list of questions here](#). We suggest you download, complete, and save this document with your long form question answers to your computer in advance of starting the online application to avoid loss of work. **If you have any issues submitting your application, please contact Megan Liebenow at mliebenow@cincinnatiachamber.com.**

Name *

First Name Last Name

Primary Email Address *

example@example.com

Primary Phone Number *

Please enter a valid phone number.

Secondary Phone Number

Please enter a valid phone number.

Home Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Race/Ethnicity

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White
Other

Gender

Female	Male
Non-Binary	Transgender
Intersex	I prefer not to say
Other	

Sexual Orientation

Heterosexual	Bisexual
Homosexual	Pansexual
Asexual	I prefer not to say
Other	

What are your pronouns?

She/her	He/him
They/them	I prefer not to say
Other	

Are you a Veteran?

YES
NO

Company/Organization *

Job Title *

Company Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What is the nature of the business/organization? *

How many years have you lived/worked in the Cincinnati region? *

Please list names of any additional organizations with whom you work or volunteer. *

Have you previously applied to or participated in a Cincinnati Regional Chamber or other community leadership program (e.g., Leadership Cincinnati, C-Change, WE Lead, Urban Leaders Program, Leadership Northern Kentucky)? *

YES

NO

Have you spoken to your leadership prior to completing this registration? *

YES

NO

If yes, which program(s) and what year(s)? *

Are you aware of others from your organizations who are applying for the program? *

YES

NO

Why are you interested in participating in this program? What do you hope to gain from the experience? *

0/100

Why is now the right time for you to participate in this program? *

0/100

Personal Email Address

example@example.com

What are your goals for this program? *

0/100

Please share something that will help us get to know you better as an individual. This could be personal or professional, serious or fun. *

0/100

How did you hear about the Cincy LEAD program? *

- | | |
|--------------|---------------------|
| Email | Referral |
| Social Media | The Chamber Website |
| Digital Ad | Print Ad |
| Event | Other |

I understand the attendance requirements and have blocked my calendar now to make this a priority. *

- YES
- NO

What is your career stage? *

I understand the purpose of Cincy LEAD and will devote the time and energy necessary to make it a successful experience if I am selected to be a participant. *

YES

NO

Do you lead a team? *

YES

NO

Is your company/organization sponsoring your tuition?

Yes

No

I'm not sure

Would your company/organization be interested in hosting one of our sessions?

Yes

No

I'm not sure