



Applications will be reviewed as received and accepted until the class is full, but note that admission is competitive. 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.

To complete your application, you will need to supply a reference. Please send your reference [this form](#) and have them submit it by the application due date (May 17, 2024).

There will be a non-refundable \$50 application fee due at the time of submission. Once you hit the submit button, you will be automatically redirected to make your payment. Your application will not be considered complete or reviewed until we receive this payment.

If you have any issues submitting your application or processing your payment, please contact Devona Stripling at dstripling@cincinnatiachamber.com.

Name *

First Name Last Name

Primary Email Address *

example@example.com

Home Phone Number *

Please enter a valid phone number.

Work Phone Number

Please enter a valid phone number.

Home Address *

Street Address

Street Address Line 2

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, Cincy Next, Urban Leaders Program, Leadership Northern Kentucky)? *

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

What skills, knowledge, or experience would you bring to the program? *

0/100

How might you apply insights from the program at work and in the community? *

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 WE Lead? *

Email

Social Media

Digital Ad

Event

Referral

The Chamber Website

Print Ad

Other

WE Lead is a 10-month program. I understand the purpose of WE Lead, the attendance requirements, and the time and energy necessary to make it a successful experience. I will commit fully to the program and will block my calendar on the following dates to make this a priority. *

YES

NO

Do you have full support from your employer for the tuition financial commitment required to take participate in the program? *

Partial grants may be available for small non-profits, entrepreneurs, or those self-paying based on need. Would you like to apply for grant money? *

YES

NO

If you do not receive a grant request, will you still be able to take part in the program if accepted? *

YES

NO

Do you have full support from your employer for the required time away from work to participate in the program? *

YES

NO

Signature
