



### **Application**

Applications will be reviewed as received and accepted through **October 15th, 2024**. Please 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.

**Once you begin your application, there will be an option to save your work and have it sent to your email to complete later. The save icon will be at the bottom of the page near the center.**

### **Application Fee**

**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 Emily Croft at [ecroft@cincinnatiachamber.com](mailto:ecroft@cincinnatiachamber.com).

### **Name \***

First Name

Last Name

### **Primary Email Address \***

example@example.com

### **Cell 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

**Country of Origin**

**Date of Birth**

Month Day Year

**Race/ Ethnicity**

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

**Gender Identity**

- |            |                     |
|------------|---------------------|
| 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        |                     |

**Are you a Veteran?**

- YES
- NO

**Company/ Organization \***

**Job Title \***

**Company Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**My business/organization is supportive of my participation in this program. \***

YES

NO

**Will tuition be paid by your organization? If yes, select yes. If you will be paying personally or if you are unsure, select no. \***

YES

NO

**Partial grants of up to \$750 may be available (e.g., for small business leaders, small non-profits, or entrepreneurs) based on need. Would you like to apply for grant money? \***

YES

NO

**Enter grant amount requested (up to \$750): \***

ex: \$1,000

**Please briefly explain why you are requesting financial assistance and how you think your participation in the program would provide a distinct and positive addition to the class. \***

**Please type your biographical sketch below. Bios should be limited to 100 words. A sample sketch is noted below the box. This information, along with your headshot, will be published in a directory to all participants. \***

0/100

**How did you hear about Breathe? \***

Email

Social Media/ LinkedIn

Digital Ad

Event

Referral

The Chamber Website

Print Ad

Other

**Your participation is critical for the success of the program. If you miss more than two sessions you will be withdrawn from the program. A typical session day is 8 a.m. - 5 p.m. To confirm you understand the attendance requirements and will clear your schedule to make this program a priority, click YES. \***

YES

NO

**How do you prioritize and improve your own mental health as a leader? Do you have specific strategies or practices you have implemented to maintain your well-being? \***

**Have you taken any steps to shift or influence your organization's approach to mental health? If so, please describe the changes you have made and the impact they have had on your team or company culture. \***

**How do you view the importance of mental health in your region or community? What unique challenges or opportunities do you see in addressing mental health at a regional level, and how could you envision contributing to this effort? \***