



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 Kendra Perkins at [Kperkins@cincinnati-chamber.com](mailto:Kperkins@cincinnati-chamber.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

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**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. \***

- AA
- 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