



# Council Application

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Name \_\_\_\_\_ LWC Completion Year \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_

Which council are you applying for? Choose one:

Program Advisory Council

Alumni Engagement Council

Why do you wish to be a part of this council?

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What experience, skills, education or knowledge do you possess that would bring benefit to the council, if chosen?

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Are you willing and able to commit to the time required for this council, if chosen? *Estimated one meeting a month for one hour.*

Yes

No

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please submit your application to [lwc@whitleydc.com](mailto:lwc@whitleydc.com). Thank you for your interest in serving Leadership Whitley County.*