



Application

Personal Information:

Name: _____
City: _____
Phone: _____ Cell #: _____
Email: _____
Emergency Contact & Phone Number: _____

Employment Information:

Occupation: _____
Employer: _____ Hire Date: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____
Business Email: _____

Briefly describe your work responsibilities:

What employment have you held in the last five years other than this current job?

Dates	Employer	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

Dates	Schools/Colleges Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Awards/Honors:

Community Activities and Board (s) Involvement:

Organization	Dates	Office Held
_____	_____	_____
_____	_____	_____

Have you graduated from a local leadership program? If so, which one? _____

Briefly state personal goals for the next five years: (Use separate sheet if necessary)

Why do you want to attend the Louisiana Tourism Leadership Academy? (Use separate sheet if necessary)

I am willing to commit my time, talents, and energy to the Louisiana Tourism Leadership Academy Class. I will conduct myself always in a professional manner. Understanding that I am representing my company and Louisiana Travel Association at every event. Signing below indicates my dedication to the program and provides proof of my employer's support if applicable. I also understand that payment is due upon submission of application to the address below. Please make checks payable to the Louisiana Travel Association. Credit cards are accepted. Payment will be refunded if applicant is not selected for this year's class.

Applicant Signature

Date

Employer's Signature

Date

Please email form to Laine Garner at laine@louisianatravelassociation.org