



An Initiative of POLK VISION

APPLICATION AGREEMENT

Applicant name: _____

If Accepted:

- I have cleared my calendar on the appropriate dates.
- I will attend the mandatory orientation, opening retreat and closing retreat.
- I will attend a minimum of 5 out of the 6 day-long class days.
- I understand that if I miss three class days OR any of the mandatory events, I will no longer be a participant in the program and my tuition will not be refunded.
- I understand that attendance requirements are strictly enforced in order to maintain the integrity of the program and respect the commitment made by other class members.
- I understand that the \$1850 tuition is due by Wednesday, August 5, 2016 and that I am personally responsible for any portion of tuition not paid by my employer.
- I will email a headshot photo for inclusion in the Class Directory by Wednesday, August 5, 2016.

By signing this application I agree to be bound by this commitment if I am selected for Leadership Polk.

Applicant Signature _____ *Date* _____

EMPLOYER AUTHORIZATION (if applicable)

I approve the participation of _____ in the Leadership Polk program. This applicant has the approval and full support of this organization, including the time required to successfully complete the program. (For applicants who answer directly to a board of directors, such as an executive director of a non-profit organization, please have the board president or chair sign)

Employer Signature: _____ *Title:* _____

Print Name: _____ *Date:* _____

I agree to pay \$_____ of the Leadership Polk tuition for the above applicant if accepted. I understand the tuition is nonrefundable and nontransferable.

Signature of Tuition Payer: _____ *Title:* _____

Print Name: _____ *Date:* _____

THIS FORM MUST BE RETURNED BY MAY 20, 2016 at 5:00PM

Email:
reba@polkvision.com

Mail: 1035 S. Florida Avenue,
Suite 208, Lakeland, FL 33803

Drop-Off: 1035 S. Florida
Avenue, Suite 208
Lakeland, FL 33803