Leadership Northwest was founded in 2006 with the purpose to educate, motivate, and coordinate the future leadership of the Northwest Tarrant County community. Participation in the program carries a commitment to build on the foundation provided by past leaders and develop a quality of life that creates awareness of community needs while enhancing leadership skills.

Leadership Northwest participants will have a unique opportunity to visit key organizations located in Tarrant and Parker Counties. They will also learn about local resources and be introduced to leaders and local experts in various areas of our community, while given the chance to discuss issues facing our communities.

The goal of Leadership Northwest is to identify, educate, and encourage emerging community leaders to use their leadership skills for long-term benefit of the community. When selecting the 2024-2025 class, priority will be given to those individuals who have a positive response to the following statements:

* I have a sincere commitment, motivation, and interest to serve the Northwest Tarrant County community.
* I have an occupational commitment to remain in Northwest Tarrant County.
* I have an interest in holding public office or being involved in key volunteer leadership roles in the community.
* I will be able to attend and actively participate in the monthly sessions that will be held on the second Thursday of each month from 8:30 am to 4:30 pm.
* I will commit to assist with the planning/coordinating of two sessions of the 2025-2026 Leadership Northwest Program.



RULES & EXPECTATIONS

1. Attend each Leadership Northwest session. Be there on time and stay until the session ends. Mixers and receptions are optional, but they do allow you to network.
2. Two excused sessions are allowed. If more than two sessions are missed, discretion will be used to determine if time may be made up the following year to complete the program and graduate with the next year’s class. If you are unable to attend, please contact the leader for that month’s class, John McIntosh at (702) 236-2235 or Randa Goode at (817) 501-0313 as soon as possible.
3. Keep your Leadership Northwest experience confidential where appropriate. This will help speakers feel more comfortable to discuss sensitive issues more openly. In addition, certain experiences may lose their impact if shared with non-participants, and fellow classmates need to know what they say is confidential. Furthermore, you may hear about projects and announcements before they become public information.
4. Complete evaluation forms at the end of every session. Your detailed comments and suggestions help determine future improvements to the program and will be considered in the planning of future sessions.
5. Please limit interruptions for yourself and others during session tours by silencing your cell phones.
6. Get the most out of your participation. When you are in a leadership session, focus your energy by asking questions and speaking to fellow classmates and leaders. Prepare the day before by completing tasks at work so you can concentrate on the Leadership Northwest session. When possible, ride with the group. This enhances the whole experience by keeping the group together and allowing more time to get to know your classmates.
7. Leadership Northwest is here to focus on, and develop, your leadership talents. Be prepared for anything: long days, surprise occurrences, stepping out of your comfort zone.
8. Don’t let the amazing experiences stop with you--recruit others into the next year’s Leadership Northwest program!

Program Cost: $395

\*includes: name tag, and 8 sessions with lunch and Graduation dinner.



Application Form

Leadership Northwest Class Calendar

| **DATES** | **DAY** | **EVENT** | **TIME** |
| --- | --- | --- | --- |
| October 10, 2024 | Thursday | Opening Retreat | **8:30 a.m. - 4:30 p.m.** |
| November 14, 2024 | Thursday | Criminal Justice | **8:30 a.m. - 4:30 p.m.** |
| December 12, 2024 | Thursday | Business & Economy | **8:30 a.m. - 4:30 p.m.** |
| January 9, 2025 | Thursday | Education | **8:30 a.m. - 4:30 p.m.** |
| February 13, 2025 | Thursday | Arts & Culture | **8:30 a.m. - 4:30 p.m.** |
| March 13, 2025 | Thursday | Transportation | **8:30 a.m. - 4:30 p.m.** |
| April 10, 2025 | Thursday | Healthcare & Community Service | **8:30 a.m. - 4:30 p.m.** |
| May 8, 2025 | Thursday | Leadership, Mngmt, Ethics | **8:30 a.m. - 4:30 p.m.** |
| **TBA** |  | ***Graduation Dinner*** | **TBA** |

\*Events are subject to change of date due to availability of speakers

☐ I understand that Leadership Northwest involves active learning experiences and requires full attendance.Class Days will be held from **8:30 a.m. - 4:30 p.m.** on the 2nd Thursday of each month from Oct - May.

**Any participant missing more than two (2) classes will not receive hours of completion. Eligibility for graduation in Year Two will require completion of insufficient classes from Year One and participation on teams (with classmates) to plan and implement 2 Class Days in Year Two.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)



**TUITION INFORMATION**

**Tuition is $395, payable to Leadership Northwest by October 6th, 2024.**

Send billing for $395 tuition to: (Check one and provide name and mailing address.).

☐ Company ☐ Organization ☐ Applicant ☐ Other

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of contact/organization) (Address & Street Name)



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

I hereby give Leadership Northwest the right to make inquiries regarding the information provided on this application and have my **employer's consent** to fully participate in this program.

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Company Name) (Current Position) (# of Employees)



Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_  
 (Address & Street Name) (City) (State) (Zip)

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



☐ Profit ☐ Non-Profit Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_  
 (Address & Street Name) (City) (State) (Zip)

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Date of Birth / / ☐ Male ☐ Female

Month Day Year

**SCHOLARSHIPS Information**

Limited scholarships are available for up to half the cost of tuition. Partial scholarships are awarded solely on the basis of financial need and availability of tuition scholarship dollars. Proof of financial need may be requested. 

**CONSIDERATION FOR SCHOLARSHIP REQUESTED** 

☐YES ☐ NO (Check one) Scholarship amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
If you are requesting a scholarship, please explain the circumstances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Which One applies:**

\_\_\_My employer has consented to my full participation in the two-year program.

See Employer Signature below.

\_\_\_I have requested consent from my employer.

Please contact my employer for confirmation of consent for my full participation in  
 the two-year program. Name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Employer signature does not apply to me.

I am providing my own consent to full participation in the two-year program.



**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_

**Employer’s Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_**