

# LEADERSHIP INSTITUTE

## CLASS ACCEPTANCE FORM

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

1. Schedule for 2025 – 2026 sessions:

| <u>DATE</u>     | <u>TENTATIVE LEADERSHIP TOPICS</u> | <u>TIME</u>            |
|-----------------|------------------------------------|------------------------|
| August – 12     | Luncheon – Meet the Participants   | 12:00 pm – 1:15 pm     |
| September 7 – 9 | Opening Retreat at Eagle Ridge     | Sun. 2 pm - Tues. 2 pm |
| September 17    | Understanding Leadership Styles    | 8:00 am - 4:00 pm      |
| October 15      | Challenging the Process            | 8:00 am - 4:00 pm      |
| November 19     | Inspiring a Shared Vision          | 8:00 am - 4:00 pm      |
| December 10     | Enabling Others to Act             | 8:00 am - 4:00 pm      |
| January 21      | Modeling the Way                   | 8:00 am - 4:00 pm      |
| February 18     | Encouraging the Heart              | 8:00 am - 4:00 pm      |
| March 4         | Ethical Decision Making            | 8:00 am - 4:00 pm      |
| March 25        | Project Planning                   | 8:00 am - 4:00 pm      |
| April 15        | Finding Your Voice                 | 8:00 am - 4:00 pm      |
| May 13          | Closing Session                    | 8:00 am - 4:00 pm      |
| May 13          | Graduation Banquet                 | 6:30 pm - 8:00 pm      |

It is understood that by signing this acceptance form **my employer and I** both commit to my 100% attendance for the proposed program time frame.

2. I hereby confirm my interest in being a part of the Leadership Institute for 2025 – 2026 and will do my best to become actively involved in the program designed to develop informed future community leaders.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN COMPLETED FORM *JULY 1, 2025*, TO LEADERSHIP INSTITUTE**



# LEADERSHIP INSTITUTE

## INFORMATION FORM

To help with our planning for the year we'd like you to supply the following information. Thanks!

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

1. DIETARY RESTRICTIONS

Do you have dietary restrictions/food allergies? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. EMERGENCY CONTACT

In case of an emergency, who would you like us to contact?

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

Phone (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_

|   |
|---|
| <b>RETURN COMPLETED FORM BY JULY 1, 2025, TO LEADERSHIP INSTITUTE</b> |
|---|



# LEADERSHIP



# INSTITUTE

Please complete the following information and select which email address you prefer for emailing the Leadership Institute materials. Your work address will be listed on the class roster that will be shared with the other class members.

\_\_\_\_\_ Use this email address for Institute materials

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

**HOME** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

\_\_\_\_\_ Use this email address for Institute materials

Firm/Organization (if applicable): \_\_\_\_\_

**WORK** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

We will be making permanent name badges. Print your **first** name, as you would prefer it to appear:

\_\_\_\_\_

We will also be making graduation plaques. Print your **full** name, as you would prefer it to appear:

\_\_\_\_\_

**RETURN COMPLETED FORM BY JULY 1, 2025, TO LEADERSHIP INSTITUTE**



# LEADERSHIP INSTITUTE

## TUITION PAYMENT FORM CONFIDENTIAL

NAME: \_\_\_\_\_

**The tuition fee for the Leadership Institute will be \$1,500.00. The fee for books and materials is an additional \$500.00.** Tuition and fees will be billed after September 10, 2024, and must be paid by November 1, 2024.

**Total tuition and fees should equal \$1,500.00; please indicate below how the funds will be paid.**

### **PAYMENT OF TUITION AND FEES:**

Amount to be paid by employer \$ \_\_\_\_\_

Amount to be paid by a sponsor other than employer \$ \_\_\_\_\_

Amount to be paid by you personally \$ \_\_\_\_\_

Amount of tuition assistance requested \$ \_\_\_\_\_

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**Total tuition/fees for Leadership Institute** \$ **2,000.00**

### **Please provide billing instructions below:**

PAYEE NAME: \_\_\_\_\_

PAYEE COMPANY NAME: \_\_\_\_\_

PAYEE STREET/PO BOX: \_\_\_\_\_

PAYEE CITY, STATE, ZIP: \_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE

**RETURN COMPLETED FORM BY JULY 1, 2025, TO LEADERSHIP INSTITUTE**



**APPLICATION FOR ADMISSION****HIGHLAND COMMUNITY COLLEGE**

2998 West Pearl City Rd., Freeport, IL 61032

Phone 815-235-6121 Fax 815-235-6130

www.highland.edu

**Semester: Fall 2024 and  
Spring 2025**

1. Social Security Number \_\_\_\_\_  
\*\*[In order to apply for admission, we are requesting your Social Security Number pursuant to Public Law 93-579 (which refers to privacy of personal information) for the college's system of student records as well as for compliance with the federal and state reporting requirements. The Social Security Number is required if you are applying for financial aid.]

**\*\*Your complete LEGAL name must be supplied – please print legibly.\*\***

2. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
3. If you are a former student, what was the name under which you last attended? \_\_\_\_\_
4. E-mail \_\_\_\_\_ Type (check one) Personal \_\_\_\_\_ Business \_\_\_\_\_ School \_\_\_\_\_
5. Mailing address (Street address first, then PO Box, if applicable): \_\_\_\_\_  
\_\_\_\_\_
6. City \_\_\_\_\_ 7. State \_\_\_\_\_ 8. Zip Code \_\_\_\_\_ 9. County \_\_\_\_\_
10. Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ 11. Length of time at current address \_\_\_\_\_
12. Your place of employment \_\_\_\_\_
13. City \_\_\_\_\_ 4. State \_\_\_\_\_ 15. Zip Code \_\_\_\_\_ 16. Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_
17. Number of hours employed each week \_\_\_\_\_
18. Male \_\_\_\_\_ Female \_\_\_\_\_ 19. Date of Birth (Month, Day, Year) \_\_\_\_\_
20. Are you a citizen or permanent resident of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Ethnicity: (Response is voluntary: not used for admissions purposes: used for research and population reporting only.)  
\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Black, Non-Hispanic  
\_\_\_\_ Hispanic  
\_\_\_\_ White, Non-Hispanic  
\_\_\_\_ Nonresident Alien  
\_\_\_\_ Other
22. Admission Type (first time only):  
\_\_\_\_ First time student  
\_\_\_\_ Transfer student (from another college)  
\_\_\_\_ Readmitted student  
Last attendance date if readmitted:  
Semester \_\_\_\_\_ Year \_\_\_\_\_
23. Has either parent earned a Bachelor's Degree?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Title IV) \_\_\_\_\_
24. While attending HCC, I plan to (check one):  
\_\_\_\_ Prepare for future job  
\_\_\_\_ Improve present occupational skills  
\_\_\_\_ Explore courses to decide on a career  
\_\_\_\_ Prepare for transfer to another college  
If transfer, where? \_\_\_\_\_  
\_\_\_\_ Develop basic or vocational skills  
\_\_\_\_ Personal enjoyment  
\_\_\_\_ Prepare for GED  
\_\_\_\_ Other
25. I plan on attending HCC (Check one):  
\_\_\_\_ Part-Time (less than 12 credit hours per semester)  
\_\_\_\_ Full-Time (12 credit hours or more per semester)
26. What was the most important reason you chose to attend HCC?  
(Please check only one.)  
\_\_\_\_ Location  
\_\_\_\_ Cost  
\_\_\_\_ Quality of academic program  
\_\_\_\_ College overall reputation  
\_\_\_\_ Present employment  
\_\_\_\_ Ease of transfer
27. Enrollment Objective (check one):  
\_\_\_\_ To complete one or two classes  
\_\_\_\_ To complete a certificate of less than 1 year  
\_\_\_\_ To complete a certificate of 1 year or more  
\_\_\_\_ To complete an Associate's Degree
28. Educational level completed at time of admission (check one):  
\_\_\_\_ GED  
\_\_\_\_ High School  
\_\_\_\_ Completed at least one or more courses in college from \_\_\_\_\_  
\_\_\_\_ Certificate from \_\_\_\_\_  
\_\_\_\_ Associate's Degree awarded from \_\_\_\_\_  
\_\_\_\_ Bachelor's Degree awarded from \_\_\_\_\_  
\_\_\_\_ Master's Degree awarded from \_\_\_\_\_  
\_\_\_\_ First Professional Degree awarded from \_\_\_\_\_  
\_\_\_\_ Doctorate Degree awarded from \_\_\_\_\_  
\_\_\_\_ Other  
\_\_\_\_ None
29. High School from which you graduated/will graduate  
\_\_\_\_  
City/State \_\_\_\_\_  
Year graduate (ed) \_\_\_\_\_
30. If you are not a high school graduate, do you have a GED?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Year completed \_\_\_\_\_

I hereby certify that to the best of my knowledge, the information on this application is correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



HIGHLAND COMMUNITY COLLEGE  
Center for Leadership Studies  
Registration Form

FALL 2025 and  
SPRING 2026  
Field of Study - 1600

The answer to the following question is both optional and confidential. Information from responses will be used to more effectively provide services. Responses or refusal to respond to this item will not result in any exclusionary or adverse treatment.

Are you a student with either a physical or learning disability that may necessitate accommodations?

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

| CRN # | Subject Name | Subject Number | Section | Course Title   | Semester Hours |
|-------|--------------|----------------|---------|--|----------------|
| 3297  | SPCH         | 295            | SXX     | COMMUNITY LEADERSHIP DEVELOPMENT - STEPHENSON COUNTY (Fall 2025)   | 3.0            |
| TBD   | SPCH         | 295            | SXX     | COMMUNITY LEADERSHIP DEVELOPMENT - STEPHENSON COUNTY (Spring 2026) | 3.0            |

**PLEASE SIGN AND DATE BELOW:**

*I hereby certify that, to the best of my knowledge, the information above is correct.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

For Office Use Only:

Data Entry Initials: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Verified: \_\_\_\_\_ Date: \_\_\_\_\_

