

**LeadingAge Missouri Leadership Academy
Participant Enrollment Form for class of 2025-2026**

Please complete this form

Name of Participant:

Name of LeadingAge Missouri provider or Business Associate member:

Participant work phone:

Cell phone:

Email:

Position Title:

Years in Position:

Years with current employer:

Years in aging services field:

For the supervisor of the participant:

I agree that this employee is a good candidate for the **Leadership Academy** program. I will support my employee by:

- 1) Paying \$3,000 tuition and covering other costs of the program as outlined.
- 2) Allowing time for him/her to attend the LeadingAge Conference and additional summit meetings
- 3) Checking in with him/her about his/her experience to ensure it is meaningful; and
- 4) Allowing him/her opportunities to develop his/her skills in your organization.

Name & Email of supervisor completing this form:

Name & Email of CEO of Organization:

Date:

Please remit enrollment form to Rebekah Lucas (LeadingAge Missouri) or
email to Rebekahlucas@leadingagemissouri.org