



OWATONNA COMMUNITY
**LEADERSHIP
ACADEMY**

APPLICATIONS DEADLINE: **July 11, 2025**

The selection committee will choose participants based on their responses to the following questions. Please answer as completely as possible on a separate printed page. Attach answers to your completed application form and submit two copies of all application materials.

1. Attach a resume. You may include degrees awarded, fields of study, professional institutes, training programs, etc. List professional affiliations, community, religious, athletic and social organizations with which you have been or are currently involved.
2. Describe a professional or community leadership challenge you have undertaken.
3. What would you contribute to the Owatonna Community Leadership Academy class?
4. In what ways do you think Owatonna Community Leadership Academy can help you develop your leadership potential? What do you expect of the program?
(Please submit approximately half a printed page.)
5. Identify and discuss an issue that you feel is critical to the Owatonna area.
(Please submit approximately half a printed page.)
6. Are you willing to commit nine full days to attend Owatonna Community Leadership Academy?

RETURN TO: Owatonna Community Leadership Academy c/o Julia Seykora, 120 S. Oak Ave, Owatonna, MN 55060
or email jseykora@owatonna.org

Who will be paying your tuition?

☐ Me ☐ My employer ☐ A sponsoring organization ☐ Scholarship requested (please include letter)

Full Name: _____ Preferred Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

What city ward/district do you live in? Visit Owatonna.gov search Map City Wards: _____

References: List your immediate supervisor & at least one other person who may be contacted by selection committee.

Name: _____ **Company:** _____

Title: _____ **Phone:** _____

Name: _____ **Company:** _____

Title: _____ **Phone:** _____

How did you learn about Owatonna Community Leadership Academy?

☐ OCLA Mailing ☐ OACCT's Newsletter ☐ OACCT Board Member
☐ Supervisor ☐ Other ☐ Professional colleague/associate

Signature of Applicant _____ Date _____

Signature & Title of Applicant's Sponsor (if appropriate) _____ Date _____



OWATONNA
AREA CHAMBER OF COMMERCE