



Signatures

CANDIDATE: I understand the goals and commitments of Leadership Capital Region. If selected, I am willing to devote the time necessary to be a contributing member of the class. I understand that I am personally responsible for any tuition not paid by my employer, financial sponsor, or scholarship assistance. I further understand that if I fail to meet these obligations, I will be asked to withdraw from the program.

Candidate Signature: _____ **Date:** _____

EMPLOYER COMMITMENT:

Check one box:

☐

I agree to allow my employee, if accepted, to devote the time necessary to be an active member of the Leadership Capital Region class and will financially sponsor them.

☐

I agree to allow my employee, if accepted, to devote the time necessary to be an active member of the Leadership Capital Region class. The employee will be responsible for his/her own tuition.

☐

I agree, if accepted, to devote the time necessary to be an active member of the Leadership Capital Region class. I am self-employed and will be responsible for tuition.

Check your company membership status:

☐

Capital Region Chamber Member

☐

Non-Chamber Member

FINANCIAL AGREEMENT:

Full tuition is dependent upon membership status - Chamber Member \$3,200; Non-Chamber Members \$3,700 or the discounted rate for *small* community based Non-Profit organizations* that are Chamber Members - \$2,600.

* Small non-profit is defined, with annual budget below \$500k, with 5 or less employees

I agree to pay \$ _____ for Leadership Capital Region tuition for the above applicant if he or she is accepted.

I understand that tuition is due by Friday, August 8, 2025, and is non-refundable.*

*Program tuition is non-refundable. LCR acceptance is granted to the candidate, not to the candidate's employer. In the event the candidate leaves their sponsoring employer, that candidate shall remain enrolled in the program.

Employer Signature: _____ **Date:** _____

Print Name, Title, Organization: _____

Please send this signature form and **\$100 nonrefundable deposit** to Capital Region Chamber, C/O Leadership Capital Region, 5 Computer Drive South, Albany, NY 12205; **the application, deposit and all documents must be received by Friday, May 2, 2025, by 4 p.m. MAKE CHECKS PAYABLE TO: Capital Region Chamber Foundation**

The Capital Region Chamber recognizes the value of learning and growth that comes with having a diverse and inclusive class. We strive to increase the diversity of participants including age, race, color, national and ethnic

origin, religion, gender, gender identity and/or expression, sexual orientation, military or veteran status, marital status, disability, socio-economic status, and work experience. Our goal is to create a program that is representative of the diversity in our region, and to co-create with each class an environment that is equitable, respectful, and appreciative of difference. *All applicants will be notified by **Friday, July 18** of their acceptance*

FOR MORE INFORMATION

regarding Leadership Capital Region and the application process, contact Sami Gowan
(518) 431-1414 | sgowan@capitalregionchamber.com