

# LEADERSHIP

## YORK COUNTY

NAME

TITLE

COMPANY

MAILING ADDRESS

CITY

STATE SC

ZIP

WORK PHONE

Ext.

E-MAIL

SUPERVISOR NAME

SUPERVISOR E-MAIL

**Please answer the following questions. Attach additional pages if needed.**

1) HOW DID YOU LEARN ABOUT LYCO? *IF RECENT LYCO ALUM REFERRED YOU, PLEASE INCLUDE NAMES:*

2) WHY HAVE YOU APPLIED TO LYCO? INCLUDE WHAT ATTRIBUTES YOU WILL BRING TO THE PROGRAM AND WHAT YOU HOPE TO GAIN FROM THE EXPERIENCE.

3) IN YOUR OPINION, WHAT ARE THE **THREE** MOST PRESSING /IMPORTANT ISSUES FACING YORK COUNTY?

**Growth**

- School Funding
- Economic Development
- Housing
- Other \_\_\_\_\_

**Health**

- Childhood Obesity
- Alcohol/Drug Use
- Available Medical Facilities
- Available Wellness/Prevention Programs
- Other \_\_\_\_\_

**Environment**

- Air/Water Pollution
- Litter
- Recycling Awareness
- Other \_\_\_\_\_

**Social Services**

- Homelessness
- Child Services
- Senior Services
- Other \_\_\_\_\_

I agree to the following **Statement of Commitment and Understanding**

By submitting this application, I confirm that I have read and agree to the requirements, details, and guidelines outlined at [www.yorkcountychamber.com/lyco](http://www.yorkcountychamber.com/lyco). I understand that, should I be accepted into Leadership York County and in order to receive formal recognition for completion of the program, I must attend the entirety of the two-day retreat and all full-day sessions. I am aware that additional time outside the regular program must be spent on a group service project. I understand that, due to the nature of this program, my participation requires that I attend in-person and that a virtual option is not available. Furthermore, my supervisor is aware of the program requirements and approves of my participation.

**DEADLINE FOR APPLICATIONS IS AUGUST 1**

**E-mail [colleen.dick@yorkcountychamber.com](mailto:colleen.dick@yorkcountychamber.com); mail to LYCO, PO Box 590, Rock Hill, SC 29731; or FAX to 803-324-1889**