

2022 LEAP PROGRAM APPLICATION

Last Name	F	irst Name	
Mailing AddressPhone	C E-Mail	ity/State	Zip
To which Local Network do you curren	tly belong?		
Current Professional Position		Yea	ars of Experience
Why do you want to be part of the LEA	P Program, an	d what do you	hope to gain?
Who is the leader that has most impac			
What do you consider qualities of a go			

Thinking back, recall a situation in which you believe you could have made a better choice than you did at the time. What did you learn from it, and how did it affect you moving forward?
What past leadership experience do you have within Women's Council? (Please note,
acceptance is not based on the amount of Women's Council Leadership Experience.)
Additional past leadership experience.



^{*}Please return this form to Andrew Bell, Leadership Identification Chair at nexthomewithandrew@gmail.com no later than October 31st, 2021.