



Dear Broome Leadership Institute Applicant:

An exciting opportunity awaits you through the Broome Leadership Institute Program. The program will be entering its 35<sup>th</sup> year as a highly respected community leadership training and development program offered through the Greater Binghamton Education Outreach Program (GBEOP) - an affiliate organization of the Greater Binghamton Chamber of Commerce.

The Broome Leadership Institute was created under the belief that the future prosperity of a community lies in its people. The goal of the program is to identify **people like you** who are interested in playing a key role in making Greater Binghamton the best that it can be.

The benefits are tremendous: you will meet key decision-makers face-to-face; you will gain a broader understanding of the issues affecting life in our region; you will learn new skills and make invaluable professional contacts; you will gain the knowledge, experience and contacts needed to make a positive difference in our community; and you may have some fun along the way.

Tuition is \$1,700 for Chamber members, \$1,200 for non-profit Chamber members and \$2,500 for non-members, and covers all costs associated with the program. Please submit a \$100 deposit with your application (**payable to GBEOP**) - it will be returned if you do not participate in this year's program. **If you are seeking a partial scholarship, please send the application** along with the BLI Application. All applications are subject to confidential evaluation.

Enclosed you will find an application form, three reference forms, and an informational brochure with this year's program dates and topics. **Please block out those full days in your calendar now to assure 75%+ attendance.** Please forward the three Reference Information Forms right away to three persons who know you well enough to make a detailed reference. This will give them time to prepare a reference and return it to the selection committee by July 30. All applicants will be interviewed in August.

**Your completed application, scholarship application (if applicable) and \$100 deposit payable to "GBEOP" are due by July 30. The balance is due upon selection but must be paid by September 10.**

You are encouraged to take advantage of the exceptional opportunity and apply now. If you have any questions, please contact me anytime at (607) 296-2112 or [mbreck@greaterbinghamtonchamber.com](mailto:mbreck@greaterbinghamtonchamber.com).

Sincerely,

A handwritten signature in black ink that reads "Maureen Breck". The signature is written in a cursive, flowing style.

Maureen Breck  
Executive Director  
Greater Binghamton Education Outreach Program (GBEOP)



# BROOME LEADERSHIP INSTITUTE APPLICATION - PART ONE ( two pages)

Name \_\_\_\_\_

Preferred first name for name badge \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ US Citizen Yes \_\_\_\_ No \_\_\_\_

Send BLI mail to my home \_\_\_\_\_ my business \_\_\_\_\_ Circle Shirt Size S M L XL 2X 3X

(men's and women's sizes)

Business or Organization Affiliation (if any) \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

## ATTENDANCE - MUST BE SIGNED BY EMPLOYER (IF EMPLOYED)

Maximum participation is vital to the success of Broome Leadership Institute. If you are selected, are you and (if applicable) your employer willing to commit to your participation in the **mandatory orientation retreat and attendance at 75% or more of all sessions. Tentative dates are: Sept 17(retreat), Oct 7, 21, Nov 4, 18, Dec 2, 16, Jan 6, 20, Feb 3, 17, March 3, 17, Graduation: March 24.**

I can attend the retreat and at least 75% of the sessions \_\_\_\_\_ YES \_\_\_\_\_ NO

The signature of your supervisor, as an indication of support, is required.

Name of Supervisor (please type or print) \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Mailing Address \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

IF ACCEPTED AS A BROOME LEADERSHIP INSTITUTE PARTICIPANT, I UNDERSTAND THAT I AM COMMITTING MYSELF TO INVOLVEMENT IN THE COMMUNITY UPON GRADUATION FROM THE PROGRAM, AND THAT MY NAME, CONTACT INFORMATION AND PHOTO WILL BE INCLUDED IN THE BLI YEARBOOK/DIRECTORY LOCATED ON THE CHAMBER'S WEBSITE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail your completed application, completed scholarship application (if relevant), and \$100 deposit payable to "GBEOP" to: Broome Leadership Institute, GBEOP, Five South College Drive, Binghamton, NY 13905*

*Your references may be included with your application or sent separately by the person writing your reference.*

**Please submit application by July 30 (Questions, call Maureen Breck at (607) 296-2112) All applicants will be notified in September of the results of their application**

# BROOME LEADERSHIP INSTITUTE

## APPLICATION - PART TWO

Please respond to these questions on a separate sheet, and indicate the section being answered. Do not substitute a resume for this application; however, you may attach a resume as additional information if you wish.

### A. EDUCATION

1. Name and city of college, community college and high school attended. Please include major and degree received, where relevant. Also add business or trade school and other specialized training.
2. Extracurricular activities, special honors or awards for leadership activities and special recognition for academic achievement.

### B. ORGANIZATIONS AND ACTIVITIES

1. Please list the major civic, business and professional activities you have participated in during the past five years.
2. What do you consider your highest responsibility, skill or voluntary achievement so far?
3. If you have not been involved in such activities, or if you would like to expand your involvement in other areas, please describe the areas in which you would like to become involved, and why.
4. How much time, each month, do you or would you commit to community, civic, professional and other organizations and activities?

### C. EMPLOYMENT

1. Please list the important points in your employment history beginning with your present position.
2. Any other relevant experience?
3. What do you consider your highest responsibility, skill or career achievement so far?

### D. ADDITIONAL INFORMATION

1. What do you consider to be your best skills? (Examples: planning, organizing, communicating, etc.)
2. How do these skills contribute to your leadership role(s) or occupational activities?
3. What organization(s) have you belonged to, or experience(s) have you had, that have contributed significantly to your personal development? Please explain.



# BROOME LEADERSHIP INSTITUTE

## REFERENCE # 1 (due July 30) (two pages)

Applicant's Name \_\_\_\_\_

The Broome Leadership Institute is a 6-month community leadership program designed to identify capable men and women in the Greater Binghamton Area, and expose them in a formalized program to the services, resources and issues affecting our community. The program is sponsored and presented by the Greater Binghamton Education Outreach Program (GBEOP) - an affiliate organization of the Greater Binghamton Chamber of Commerce.

A letter of recommendation may be used in place of this form as long as the below content is included.

*The Broome Leadership Institute Advisory Board would appreciate your candid responses about the individual who has listed you as a reference. Your responses will be kept strictly confidential. Please note that the individual's application cannot be processed without your responses.*

Person giving reference (please print name) \_\_\_\_\_

Your Title \_\_\_\_\_

Your Business \_\_\_\_\_

Your Address \_\_\_\_\_

Your City, State, Zip \_\_\_\_\_

Your Telephone Number (\_\_\_\_) \_\_\_\_\_ Your Fax Number (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Reference signature \_\_\_\_\_

The following questions are about the applicant. You may add additional pages if you wish.

1. How long have you known the applicant? \_\_\_\_\_ years
2. In what capacity? (e.g. manager, served on a board together, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Please comment on the applicant's management and/or organizational skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please comment on the applicant's communication skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Please comment on the applicant's initiative in the generation of ideas and/or development of special projects. \_\_\_\_\_

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6. Please comment on the applicant's flexibility and cooperation in working with others.

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7. Please comment on the applicant's ability to carry out the management responsibilities necessary to accomplish organizational goals and objectives. \_\_\_\_\_

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8. Please comment on the applicant's potential to emerge as a community leader.

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9. Please list any additional information or experience with the candidate that is pertinent to this program. \_\_\_\_\_

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Please complete and return this form by July 30. The candidate's application cannot be considered without this form. If you have any questions, you may call:

Maureen Breck at (607) 296-2112 or [mbreck@greaterbinghamtonchamber.com](mailto:mbreck@greaterbinghamtonchamber.com)

**E-mail, Mail or Fax the form to:**

Maureen Breck  
Greater Binghamton Education Outreach Program  
Re: Broome Leadership Institute  
Five South College Drive  
Binghamton, New York 13905  
Fax: (607) 722-4513  
[mbreck@greaterbinghamtonchamber.com](mailto:mbreck@greaterbinghamtonchamber.com)



# BROOME LEADERSHIP INSTITUTE REFERENCE # 2 (due July 30) (two pages)

Applicant's Name \_\_\_\_\_

The Broome Leadership Institute is a 6-month community leadership program designed to identify capable men and women in the Greater Binghamton Area, and expose them in a formalized program to the services, resources and issues affecting our community. The program is sponsored and presented by the Greater Binghamton Education Outreach Program (GBEOP) - an affiliate organization of the Greater Binghamton Chamber of Commerce.

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Person giving reference (please print name) \_\_\_\_\_

Your Title \_\_\_\_\_

Your Business \_\_\_\_\_

Your Address \_\_\_\_\_

Your City, State, Zip \_\_\_\_\_

Your Telephone Number ( ) \_\_\_\_\_ Your Fax Number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Reference signature \_\_\_\_\_

The following questions are about the applicant. You may add additional pages if you wish.

1. How long have you known the applicant? \_\_\_\_\_ years
2. In what capacity? (e.g. manager, served on a board together, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Please comment on the applicant's management and/or organizational skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please comment on the applicant's communication skills \_\_\_\_\_  
\_\_\_\_\_

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5. Please comment on the applicant's initiative in the generation of ideas and/or development of special projects. \_\_\_\_\_

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6. Please comment on the applicant's flexibility and cooperation in working with others.

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8. Please comment on the applicant's ability to carry out the management responsibilities necessary to accomplish organizational goals and objectives. \_\_\_\_\_

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8. Please comment on the applicant's potential to emerge as a community leader.

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9. Please list any additional information or experience with the candidate that is pertinent to this program. \_\_\_\_\_

Please complete and return this form by July 30. The candidate's application cannot be considered without this form. If you have any questions, you may call:

Maureen Breck at (607) 296-2112 or [mbreck@greaterbinghamtonchamber.com](mailto:mbreck@greaterbinghamtonchamber.com)

**E-mail, Mail or Fax the form to:**

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Greater Binghamton Education Outreach Program  
Re: Broome Leadership Institute  
Five South College Drive  
Binghamton, New York 13905  
Fax: (607) 722-4513  
[mbreck@greaterbinghamtonchamber.com](mailto:mbreck@greaterbinghamtonchamber.com)



# BROOME LEADERSHIP INSTITUTE REFERENCE # 3 (due July 30) (two pages)

Applicant's Name \_\_\_\_\_

The Broome Leadership Institute is a 6-month community leadership program designed to identify capable men and women in the Greater Binghamton Area, and expose them in a formalized program to the services, resources and issues affecting our community. The program is sponsored and presented by the Greater Binghamton Education Outreach Program (GBEOP) - an affiliate organization of the Greater Binghamton Chamber of Commerce.

A letter of recommendation may be used in place of this form as long as the below content is included.

*The Broome Leadership Institute Advisory Board would appreciate your candid responses about the individual who has listed you as a reference. Your responses will be kept strictly confidential. Please note that the individual's application cannot be processed without your responses.*

Person giving reference (please print name) \_\_\_\_\_

Your Title \_\_\_\_\_

Your Business \_\_\_\_\_

Your Address \_\_\_\_\_

Your City, State, Zip \_\_\_\_\_

Your Telephone Number ( ) \_\_\_\_\_ Your Fax Number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Reference signature \_\_\_\_\_

**The following questions are about the applicant. You may add additional pages if you wish.**

1. How long have you known the applicant? \_\_\_\_\_ years
2. In what capacity? (e.g. manager, served on a board together, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Please comment on the applicant's management and/or organizational skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please comment on the applicant's communication skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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5. Please comment on the applicant's initiative in the generation of ideas and/or development of special projects. \_\_\_\_\_

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6. Please comment on the applicant's flexibility and cooperation in working with others.

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9. Please comment on the applicant's ability to carry out the management responsibilities necessary to accomplish organizational goals and objectives. \_\_\_\_\_

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8. Please comment on the applicant's potential to emerge as a community leader.

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9. Please list any additional information or experience with the candidate that is pertinent to this program. \_\_\_\_\_

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Please complete and return this form by July 30. The candidate's application cannot be considered without this form. If you have any questions, you may call:

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