



LEADERSHIP ST. LUCIE SCHOLARSHIP APPLICATION COUNCIL OF SOCIAL AGENCIES, INC.

<http://cosaslc.org>

LEADERSHIP St. Lucie is a program of the SLC Chamber of Commerce. It began in 1983 to help participants become proactive community leaders. The program includes a series of discussions and site visits developed to expose participants to the greatest challenges and opportunities facing the community today.

The two-year program begins in January with a mandatory Orientation and one-day Team Building session. After Orientation and Team Building in January, the class meets once a month for 10 full-day programs. The second year, participants design the sessions for the next class and participate on a Chamber Committee. The COSA Scholarship will cover the entire tuition of \$845.

Applicants must have been a member of COSA for 1 year.

www.stluciechamber.org

The **mission** of the Council of Social Agencies, Inc. (COSA) is to provide collaboration and networking opportunities for organizations and individuals committed to the enhancement of health and human services in the community.

Leadership St. Lucie applicants that are sponsored by COSA, must:

1. Be employed for at least **one year** by a member of a COSA agency that benefits St. Lucie County or, as an individual, have been a member of COSA for one year, and have been actively involved.
2. Be in a Health and Human Services career field.
3. Submit a completed application form that demonstrates how participation in the program will enhance applicant's work performance and job skills.
4. Submit **two letters** of reference with application.
5. Report at **all** general COSA meetings during the course of the scholarship year. You must commit to attending the general meetings every month.

For the **Leadership St. Lucie Scholarship Award**:

- Recipient agency **must** be a member of the SLC Chamber of Commerce.
- Agency must agree that recipient will be a representative of the agency and COSA during Leadership St. Lucie.
- Agency agrees to provide paid leave for recipient's participation in Leadership St. Lucie.

Personal Information

Name: _____ Email: _____

Work Phone: _____ Home/Cell Phone: _____

Professional Information

Name of COSA Member Agency: _____

Type of COSA Membership: Individual Corporate

Applicant Employer: _____

Position: _____ Date Hired: _____

Certification

I hereby agree that the above information is true, accurate and complete.

Signature _____ Date: _____

A copy of the official St. Lucie County Chamber Leadership Application and this cover sheet must be returned with required documents to COSA to be considered.