

Program Overview

Thank you for your interest in the Class of 2027. This program is designed to develop informed, engaged, and committed leaders within our community.

Throughout the program, participants will engage in the following sessions, culminating in a graduation:

- Orientation and Ropes Course
- Agriculture
- County Challenges
- News Media
- Industrial Development
- Wellness/Health
- Education
- Government
- Legal Systems

Program Leadership

- Program Director: Amanda Frost, 330-362-4433
- LCC Board President: Greg Smith

Important Dates & Tuition Deadline: July 31, 2026
 Tuition: \$1,500, due prior to first class
 Early Bird: \$1,200 (by Apr 30)
 \$1,350 (by May 31)



SECTION 1: PERSONAL INFORMATION

First Name	Last Name	
<hr/>	<hr/>	
Street Address		
<hr/>		
Street Address Line 2	City*	
<hr/>	<hr/>	
State	Zip Code	Phone Number
<hr/>	<hr/>	<hr/>
Email		
<hr/>		

SECTION 2: PROFESSIONAL INFORMATION

Company Name	Your Position / Title		
<hr/>	<hr/>		
Job Responsibilities	Company Street Address		
<hr/>	<hr/>		
City	State	Zip	Work Phone
<hr/>	<hr/>	<hr/>	<hr/>
Work Email	Manager/Contact Name		
<hr/>	<hr/>		
Manager Phone	Manager Email		
<hr/>	<hr/>		

SECTION 3: EDUCATION & BACKGROUND

High School Attended	College Attended
<hr/>	<hr/>
Degree(s) Earned	Professional Certifications or Licenses
<hr/>	<hr/>

SECTION 4: LEADERSHIP & COMMUNITY INVOLVEMENT

List community, civic, professional, or volunteer activities. Include organization name and role.

SECTION 5: PROGRAM INTEREST

Why are you interested in participating in the LCC Program?

What do you hope to gain from this experience?

What strengths or perspectives would you bring to the class?

SECTION 6: COMMITMENT & EXPECTATIONS

The program requires: Regular attendance • Group discussions & activities • Community-based project • Collaboration with class members

I understand and commit to the attendance and participation requirements.

SECTION 7: TUITION RESPONSIBILITY

Tuition to be Paid by:

Participant Employer Sponsor

Employer or Sponsor Organization Name*

Contact First Name

Contact Last Name

Contact Phone

Contact Email*

AGREEMENT & SIGNATURE

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge.

Signature

Date

Tuition Payment Information

Tuition must be paid prior to the first class session.

Check payable to: Leadership Columbiana County | PO Box 491 | Columbiana, OH 44408

PayPal accepted.

