



A. Why would you like to attend the Blandin Community Leadership Program?

B. How will you use this leadership training to benefit your community?

**Other:** Is there any other information you would like the selection committee to know about you or your community?

**By signing this application, I understand this is a residential program and agree to be present for the entire eight days of training.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For additional information contact:***

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