

Leadership DeSoto

A Leadership Program for DeSoto County
Sponsored by the DeSoto Council

Please print or type

I. Personal Data

Name _____

Last First Middle

Name which you prefer to be called _____

Age ___ Male ___ Female ___ Race ___ Hometown _____

Home Address _____

Street City ZIP

Employer Name _____

Work Address _____

Street City ZIP

Cell/Mobile Phone _____ Work Phone _____ Fax _____

Email address _____

Length of residence in DeSoto County _____

Spouse Name _____

Number of Children _____ Names & Ages _____

Hobbies _____

II. Education

(Begin with most recent education, i. e. advanced degrees, college, etc., to high school)

A. Name and Location of School Dates Attended Degree Major

B. Special Awards for Academic Performance

C. Extracurricular Activities (Leadership Positions, Special Honors & Awards)

III. Employment

Present Employer _____

Type of Organization _____ Length of Service _____

Title or Responsibility _____ Since _____

A. Briefly describe your responsibilities

B. List previous employment in reverse chronological order (include active military duty)

Employer Title/Responsibility Dates of Service

C. What do you consider to be your highest career achievement to date?

D. Business/Professional Affiliations (not including civic organizations, public office, or political activities)

Name of Group Positions held/Assignments Affiliation Period

IV. Community Involvement

A. List community, civic, religious, political, government, social, athletic, or other activities. Do not include business/professional activities. Indicate major role in the organization at this time.

Organization _____
Assignment/Position _____
Describe Responsibilities _____

Organization _____
Assignment/Position _____
Describe Responsibilities _____

Organization _____
Assignment/Position _____
Describe Responsibilities _____

B. If you have additional significant community, civic, religious, political, government, social, athletic or other areas of active involvement, please list below.

C. What do you consider your most important accomplishment in one of the above organizations? Why?

D. How much time each month do you commit to volunteer work?

E. What kinds of volunteer activities would you like to become active with in the future?

F. If you have not been actively involved, what conditions have changed that now enable you to seek involvement in the community?

V. Are you or your Employer a Member of the DeSoto County Economic Development Council? ____ Yes ____ No (Preference will be given to DeSoto Council members)

VI. General Information

One of the goals of Leadership DeSoto is to build a network of community leaders who can enhance their problem solving and other leadership abilities through shared perspectives and working together.

A. What do you feel are the three most significant problems facing DeSoto County today?

Please address one of these issues and tell what can be done about it.

B. What are the three most notable opportunities DeSoto County has to offer?

Please address one of these opportunities and tell what can be done to develop it.

C. What specific skills or knowledge do you hope to gain from your participation in Leadership DeSoto?

VII. Commitment

To graduate from Leadership DeSoto, participants are expected to attend all sessions. Including:

- Orientation – This is a one-day session in November*
- One full day each month – November 2025 through May 2026*
- One City Board of Aldermen or County Supervisors Meeting at your scheduling (Chosen from a provided list)
- Participants are required to attend the opening session and graduation and are allowed one excused absence from the monthly meetings.
- Dates of the Program and the format are still being determined.

I understand the purposes of Leadership DeSoto, and if I am selected, I will devote the time and resources necessary to complete the program. Absences will be dealt with in accordance with the Policy of Attendance. I understand I may not miss the opening session, graduation, or more than one monthly meeting.

Applicant Signature Date

VIII. DeSoto Council Membership

Membership is not a requirement to be selected to the Leadership DeSoto program, but it is strongly encouraged. We will offer a one-time, 50% discount on a New Membership to those who also apply for Leadership DeSoto.

IX. Tuition

If accepted into the Leadership DeSoto program, you or your employer/sponsor will be billed for the **tuition fee of \$1000**, which covers all program costs. **Tuition is due upon selection.**

Will your employer/sponsor pay the tuition fee? ____ Yes ____ No

Will you pay the tuition fee? ____ Yes ____ No

Will you need financial assistance to participate in the program? ____ Yes ____ No

If YES, and if you are selected, a representative of Leadership DeSoto will contact you to make arrangements.

You are encouraged to seek a sponsor if your employer is not paying the tuition, as partial scholarship funds are limited.

Employer Commitment (if applicable)

This application has the approval of this organization, and the applicant has our full support, which includes the time required to participate in the program.

Firm

Signature Title Date

Applications should be mailed to:

Leadership DeSoto

Attention: Susan Rutherford- Member Services Manager

4716 Pepper Chase Drive

Southaven, MS 38671 or e-mailed to srutherford@desotocounty.com

Deadline for Application is September 19, 2025. Selections will be made by the Leadership DeSoto Board of Trustees. You will be notified no later than October 6, 2025 of your status.

Questions? Email Member Services Manager at: srutherford@desotocounty.com