



GFWC LEADS APPLICATION FORM

Name: _____

Address: _____

Phone: _____ Email: _____

Club: _____ District: _____

Please conceal applicants identity during selection deliberation

Please answer the following questions in as much detail as possible:

(Attach a separate sheet of paper if more space is needed)

List all local club offices and/or chairmanships held:

List all district offices and/or chairmanships held:

List GFWC club/district programs/projects in which involved:

List positions at the district, state, and/or national level in which you are interested:

Are you willing to:

- Cover costs to attend GFWC LEADS not covered by GFWC or state? Yes ___ No ___
- Share what you have learned at LEADS with your state's members? Yes ___ No ___

Return this form, along with two letters of support from active GFWC club members, to your state federation by the application deadline.