



Grow. Collaborate. Lead.

Inspiring Future Leaders

A program of the Greater Madison Area Chamber of Commerce

CONFIDENTIAL APPLICATION

APPLICATION DEADLINE:

All applications and subsequent attachments must be turned into the Chamber Office by

12:00 pm on Friday, October 3rd.

Deliver to*:

Leadership Madison

c/o Greater Madison Area Chamber of Commerce

315 S. Egan Ave. | Madison, SD 57042

**A photo for the Bio Book will be taken upon delivery of application in the event you are selected for the program. Please plan accordingly.*

TUTION/FEES: *(Do not send payment with this application. If you are selected, an invoice will be sent separately.)*

Tuition is \$500 and non-refundable. Tuition covers all program costs including materials, speakers, graduation banquet, and Madison/DSU Hosts the Legislature on Wednesday, February 11th, 2026.

Name: _____

Employer: _____

Job Title: _____

Responsibilities/Duties: _____

Work Phone: _____ Cell Phone: _____

Preferred Leadership Madison Correspondence Email: _____

How long have you lived/worked in the Madison Area? _____ When did you last vote? _____

Provide the following information on a separate sheet(s) and attach to this application form.

EMPLOYMENT/EDUCATION: *(Resume Acceptable)*

1. Employment History (Professional work experience for the last 5 years only)
2. Education (include high school, college, business/trade school, or specialized training)
3. List any involvement in community organizations from the past two years through current

QUESTIONS:

1. Leadership exists in many forms in the community. Please list and describe 2 leadership experiences where you believe you played an important role. *(Limit 250 words)*
2. Talk about a single issue in our community that you feel is important. Explain how you will personally use this program to make a difference with that issue. *(Limit 250 words)*
3. Briefly outline your future goals both personally and professionally. Explain how being selected as a Leadership Madison Participant will impact those goals. *(Limit 250 words)*

BIOGRAPHY: *(Do not submit a resume)*

This program is a lot more fun than filling out an application. Please give us a short bio in narrative form that includes an example of something unique about you. This Bio will be used in the Class Bio Booklet for the community to get to know you a little better. *(Limit 250 words)*

APPLICATION CHECKLIST

- ☐ Application
- ☐ Letter of Support from Employer/Supervisor
- ☐ Reference Letter
- ☐ Signatures on Application Form

LETTERS OF SUPPORT:

Please provide a letter of support from your employer/supervisor AND a reference letter from someone not your employer or supervisor. These can be included with your application or can be mailed separately to: Leadership Madison Committee | 315 S. Egan Ave. | Madison, SD 57042 or emailed to danielle@chamberofmadisonsd.com. Applications submitted without a letter of support from your Employer/Supervisor AND separate reference letter will be considered incomplete and not reviewed.

SCHEDULE:

The Schedule for REQUIRED Sessions:

➤ Session 1:
Wednesday, December 10th, 2025
10:00AM-1:00PM – Lunch @ 12:30

➤ Session 2:
Wednesday, January 14th, 2026
10:00AM-1:00PM – Lunch @ 12:30

➤ Session 3:
Wednesday, February 11th, 2026

ALL DAY (Madison/DSU Host the Legislature)

➤ Session 4:
Wednesday, March 11th, 2026
10:00AM-1:00PM – Lunch @ 12:30

➤ Graduation:
Wednesday, April 8th, 2026
11:00AM-1:00PM – Lunch @ 11:30

Keynote Speaker:

Note: Sessions may end prior to 1PM

COMMITMENT:

Attendance at all Leadership Madison Sessions is a requirement of this program. The Leadership Madison Committee reserves the right to drop any participant from the program who has unexcused absences. The tuition fee will NOT be refunded. **Event dates with mandatory participant attendance: GMACC Awards Night on November 11th and Madison/DSU Host the Legislature on February 11th, 2026.**

I understand the commitment to the Leadership Madison Program and if selected to participate, I will attend all 4 sessions, graduation, 2 Madison Professional Networking events, and 2 Volunteer meetings of choice. I will commit the time and energy necessary to make this a successful experience. I understand that I am expected to serve and strengthen my community upon completion of this program and that submission of this application does not guarantee my selection into the Program.

Applicant Signature

Date

EMPLOYER/SUPERVISOR: This application has the approval of this organization, and the applicant has our full support. This includes but is not limited to the time commitment required for the Leadership Madison Program.

Employer/Supervisor Signature

Date

Thank You for applying to the Leadership Madison Program!

Applicants will be selected and notified on or before November 1st, 2025. The information on this application is used for the sole purpose of the Leadership Madison Committee's selection process. All applications will be reviewed on a confidential and competitive basis. We strive to select a wide variety of participants throughout the community while looking for individuals with a strong interest in serving our community. For more information, please contact Danielle Lovro at (605) 256-2454 or danielle@chamberofmadisonsd.com.

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Madison, SD 57042

