



Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ (used for correspondence)

Years living or working in New Ulm _____

Age: _____ Ethnic Background: _____ Sex: _____

Note: The answers to the above questions are optional. We are interested in them because one of the goals of Network New Ulm is to have a diverse class with ethnic, gender, and professional balance.

COMMUNITY INVOLVEMENT:

Please describe present or past involvement in community organizations, activities, volunteer work:

Organization	Approximate Dates	Position Held/Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT BUSINESS/ASSOCIATION AFFILIATION:

Business (employer) or Association Affiliation (if any):

Mailing Address: _____

Responsibilities: _____

OTHER WORK EXPERIENCE: (Begin with most recent)

Employer/Location (City, State)	Position/Responsibilities	From-To
_____	_____	_____
_____	_____	_____

EDUCATION: (High School, Vocation School, College, Etc.)

School	City/State	From-To	Degree
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION:

Why do you want to participate and what do you hope to gain from Network New Ulm?

Is there anything else you would like to discuss about yourself or your experiences that would aid in the selection process?

COMMITMENT:

To successfully complete and graduate from the Network New Ulm Program, a participant is expected to attend ALL sessions in full. If you are unable to make the necessary commitment, it is not in your best interest to apply at this time.

TUITION:

Chamber member - \$400

Non-Chamber member - \$500

If accepted into the Network New Ulm Program, you or your company/organization will be billed for the tuition fee which covers all costs, meals and refreshments associated with the nine sessions and graduation.

APPLICANT' S AGREEMENT:

I understand the purpose of the Network New Ulm Program, the requirement to attend the scheduled sessions, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, I will devote the time required.

SIGNATURE: _____

DATE: _____

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EMPLOYER' S AGREEMENT:

I fully support the application of _____ for the 2022-2023 Network New Ulm Program, and I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled sessions.

SIGNATURE _____ DATE _____

Completed applications must be received by **July 31, 2022**

Return to New Ulm Area Chamber of Commerce
1 North Minnesota Street
P.O. Box 384
New Ulm, MN 56073
507-233-4300
chamber@newulm.com