

SCOTT COUNTY HORIZONS-2026

SCOTT COUNTY CHAMBER LEADERSHIP CLASS

APPLICATION

PERSONAL

NAME: _____
Last/First/Middle (Nickname)

ADDRESS: _____ PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

AGE _____ SEX _____ MARITAL STATUS: _____ SCOTT CO. RESIDENT? _____ NO. YEARS: _____

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS OR ALLERGIES WE SHOULD BE AWARE OF? _____

NAME LISTED ON CERTIFICATE AS: _____

EDUCATION/EMPLOYMENT

HIGH SCHOOL: _____ DATE OF GRADUATION: _____

COLLEGE/UNIVERSITY: _____ DATE OF GRADUATION: _____

DEGREE/STUDY: _____

EMPLOYER: _____ NO. YEARS: _____

EMPLOYER ADDRESS: _____

LIST YOUR MOST IMPORTANT CAREER OR CIVIC ACHIEVEMENT OR RESPONSIBILITY AND BRIEFLY DESCRIBE: _____

COMMUNITY

List up to five community, civic, professional, business, religions, social, athletic, and/or other organizations in which you are an active member and list offices held. List in order of importance to you with No. 1 being the most important.

1. _____
2. _____
3. _____
4. _____
5. _____

Office: _____
Office: _____
Office: _____
Office: _____
Office: _____

COMMUNITY (Continued)

WHAT DO YOU WISH TO ACCOMPLISH IN COMPLETING THE SCOTT COUNTY HORIZONS LEADERSHIP PROGRAM?

WHAT DO YOU CONSIDER THE MOST CHALLENGING ISSUES FACING SCOTT COUNTY?

WHAT AREAS OF COMMUNITY SERVICE INTEREST YOU? PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> Holding Public Office	<input type="checkbox"/> Serving on Appointed Boards/Commissions
<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Civic Organizations (Rotary, Civitan, etc.)
<input type="checkbox"/> Other (Please Specify) _____	

THE COST OF THE 2025 SCOTT COUNTY HORIZONS PROGRAM IS \$125 PER PARTICIPANT (for the first 12 applicants) - \$250 PER PERSON THEREAFTER. SCHOLARSHIPS ARE AVAILABLE ON A FIRST-COME FIRST-SERVED BASIS. THIS COVERS ALL EXPENSES FOR THE WEEKEND RETREAT AND WEEKLY SESSIONS.

APPLICANT MUST READ AND SIGN: Participants in Scott County Horizons are required to attend all sessions and field trips of the program. **ONLY** cases of serious illness or emergency will be excused. **The weekend retreat is MANDATORY.** A Certificate of Completion will not be awarded to those who have more than one unexcused absence.

I have read the above statement and understand the requirements for participating in Scott County Horizons 2026. I agree to the requirements and plan to attend and participate in all sessions.

Signature _____ Date _____

PLEASE RETURN TO:
SCOTT COUNTY CHAMBER OF COMMERCE
190 BEECH STREET, SUITE 202, GATE CITY, VA 24251
Phone: 276-386-6665; Fax: 276-386-6158 Email: chamber@scottcountyva.com

CLASSES BEGIN IN FEBRUARY OF 2026