
Lakeland's Hispanic Leadership Program
Application Form

Personal Information:

Name _____ Lakeland ID # _____

Home Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone _____ Email _____

Emergency contact _____

How did you hear about the program?

Demographic Information

The requested information will assist the Hispanic Alliance as we gather data for resource development. All information is confidential. Data is presented in the aggregate.

Gender: [] Male [] Female Age: [] 20 or under; [] 21 – 30; [] 31 – 40; [] 41 – 50; [] 50 plus

Race/Ethnicity: _____ Country of origin: _____

Language(s) spoken with fluency: [] None [] Spanish [] English [] Other: _____

Confirmation of Application

By submitting this application, I affirm that I have read the complete application and that, to the best of my belief and knowledge, the information I have provided is complete and accurate. I agree to the following:

1. Know the program information.
2. Attend Orientation Meeting.
3. Attend all scheduled sessions.

MY SIGNATURE BELOW AFFIRMS THAT I UNDERSTAND AND AGREE TO THE RESPONSIBILITIES AND COMMITMENTS RELATED TO THE PROGRAM.

Print Name _____ Signature _____ Date _____

Email your application to: erodriguez@hispanicallianceinc.org & LPiepenburg1@lakelandcc.edu