



Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current Employer: _____

Position/Title: _____

Do you currently hold an elected office? YES NO If yes, office/district? _____

If no, do you plan to run for an elected office in the future? YES NO If yes, office/district? _____

General

How did you hear about AIC Leadership Academy? _____

What do you hope to learn from participating in the Academy? _____

How do you hope to use these new skills or knowledge to improve your community/state? _____

Describe 2 or 3 of your personal strengths: _____

List any leadership or volunteer positions you've held, by organization and years served: _____

Topic Knowledge

Rate your current level of knowledge of the following topics on a scale from 1 to 4, with **1 being no knowledge** and **4 being extensive knowledge**:

Professional or Elected Leadership	1	2	3	4
Active Listening Skills	1	2	3	4

State & Local Elections	1	2	3	4
Property Tax Policy	1	2	3	4
Sales Tax Policy	1	2	3	4
Campaign Management	1	2	3	4
Strategic & Community Planning	1	2	3	4
Community Health	1	2	3	4
Community Planning	1	2	3	4
Water & Sewer Policy	1	2	3	4
Water & Sewer Infrastructure	1	2	3	4
Transportation Infrastructure & Policy	1	2	3	4
Land Use Planning	1	2	3	4
Disasters & Emergency Response	1	2	3	4
Affordable Housing	1	2	3	4
Cybersecurity	1	2	3	4

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please also attach a resume of your professional & educational experience, along with two letters of recommendation and email this application to info@idahocities.org. Applications are due by **February 28, 2026.**

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to program participation, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____