



MISSION STATEMENT

FOR THE INDIANA STATE BAR ASSOCIATION LEADERSHIP DEVELOPMENT ACADEMY

The mission of the Indiana State Bar Association Leadership Development Academy is to empower and develop lawyers to be informed, committed and involved so that they may fill significant leadership roles in the local and state bar associations, in Indiana communities and organizations and to serve as role models in matters of ethics and professionalism.

In support of our Mission, the Leadership Development Academy will strive to:

Build a core of practicing lawyers to become leaders and nurture effective leadership with respect to ethics and professionalism, resulting in raising the overall ethical and professional standards and standing of lawyers in the community.

Identify and train lawyers who can be called upon by ISBA, state and local government entities, local bar associations and community organizations for future opportunities for leadership and service.

Raise the level of awareness among lawyers regarding the broad range of issues facing the legal profession and to build effective and mutually beneficial relationships among legal leaders across the State.

Indiana State Bar Association Leadership Development Academy

Class 11

Application

I. COMMITMENT. By initialing below, I understand and commit to the foregoing expectations:

_____ I understand I must be a member of the Indiana State Bar Association in order to participate in the ISBA Leadership Development Academy

_____ My ISBA membership number is: _____

_____ I understand that the tuition of \$1600 covers hotels, **some** meals and at least 12 hours of CLE.

_____ **I understand that attendance at every session, in its entirety, is mandatory.**

_____ I am aware that travel to different parts of the State is required.

_____ I understand that I am required to arrive by approximately 3pm the first day of each session.

_____ I understand each session will conclude no later than 5:30pm on the second day (with the exception of Session 1 and Session 5. Session 1 will conclude at approximately 3:30pm on the third day, and Session 5 will conclude at 8am on the third day)

_____ I understand that the dates and locations of the sessions are as follows:

_____ Session 1 - January 19-21 (in Indianapolis/Fort Benjamin Harrison)

_____ Session 2 - February 20-21 (in Indianapolis/Statehouse)

_____ Session 3 - March 30-31 (in Muscatatuck Urban Training Center, North Vernon)

_____ Session 4 - April 27-28 (in W. Lafayette)

_____ Session 5 & graduation - May 18-20 (in Fort Wayne)

_____ I understand that I am required to participate in a class project, a commitment which will likely continue past graduation.

Signature of Applicant

Date

Signature of Employer (if applicable)

Date

II. PERSONAL INFORMATION

NAME: _____

LAST

FIRST

MAIDEN

PREFERRED

MAILING ADDRESS: _____

STREET or P.O. BOX

CITY

STATE

ZIP CODE

PREFERRED CONTACT INFORMATION

TELEPHONE: _____ EMAIL ADDRESS: _____

Please indicate your Race (Optional):

- ☐ African American
- ☐ American Indian
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native Hawaiian
- ☐ Choose not to disclose

Please indicate your Gender (Optional):

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Choose not to disclose

The ISBA is committed to having a broad range of experiences and unique perspectives in each Leadership Development Academy class. Please provide information about yourself for the selection committee to consider.

III. PROFESSIONAL INFORMATION – *Please attach a copy of your resume.*

CONTRIBUTION TO THE PROFESSION

DATE OF ADMISSION TO PRACTICE LAW: _____

STATE(S) WHERE ADMITTED: _____

PRACTICE AREA(S): _____

EMPLOYMENT/EMPLOYER

CURRENT: _____

START DATE: _____

POSITION: _____

TEL.# _____ FAX# _____ EMAIL ADDRESS _____

ENDORSEMENT OF PARTICIPATION BY CURRENT EMPLOYER, IF APPLICABLE

I/we hereby endorse _____ 's application for the ISBA Leadership Development Academy and will fully support their participation if they are selected. I/we understand that **attendance at every session, in its entirety, is mandatory**, and if _____ is selected, they must attend every session, **in its entirety**, in order to be eligible for graduation from the Academy.

Signature: _____ Date: _____

IV. REFERENCES

Please attach a letter of recommendation for your participation in the ISBA Leadership Development Academy from at least one reference. One reference letter is required, two letters are recommended. Recommendation letters should particularly address your dependability and reliability in regard to the LDA attendance requirement, as well as your commitment to working together with your colleagues and peers.

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

V. LEADERSHIP GOALS

Please describe your personal goals for developing leadership skills and anticipated application of those skills consistent with the mission of the Leadership Development Academy.

VI. COMMUNITY/VOLUNTEER/BAR ASSOCIATION ACTIVITIES

Please describe your community/volunteer/bar association activities. Please provide the names(s) of the organization(s), describe activities and/or positions held, the dates of involvement, and your leadership activities.

If you need more room, continue on new page.

VII. WHAT IS YOUR VISION FOR YOUR COMMUNITY?

Please describe goals you have for your community, however large or small you define it, and any ways in which you think your community could be improved or enhanced, including any specific challenges you believe the community is facing and your ideas and solutions related to those challenges.

VIII. HOW DID YOU LEARN ABOUT THE LDA?

Include name of person(s) who recruited you for the program, if applicable. This information helps us learn which of our recruiting efforts have the most success.

If you need more room, continue on new page.

There are a limited number of scholarships available. If you are interested in being considered for a scholarship, please provide the circumstances and justification surrounding your request on a separate sheet of paper. All candidates are considered equally whether or not you apply for a scholarship.

Please submit your application to Kristin Owens via email: kowens@inbar.org. Please submit all documents (application, resume, letters of recommendation) in **ONE** PDF. Applications are due November 1, 2022.