



# Georgia Pest Control Association 2019 Leadership Program

*“Celebrating 17 years of Leadership Excellence”*



**Leadership Chairman - Kim Kelley-Tunis**

## I. Leadership Program Investment

- A. Tuition is \$1,595.00 per participant.
- B. Tuition payment is the responsibility of the participant.
- C. Tuition covers all hotel (are based on double occupancy), and meal expenses.
- D. Individual rooms may be requested, but are based on availability. Additional costs for individual rooms will be advised for each session and are the responsibility of the participant.

## II. Leadership Class Diversity

- A. Maximum two (2) people from same company
- B. Maximum one (1) person from same family
- C. Maximum two (2) allied representatives
- D. Company size
- E. Geographic

## III. Applicant Document Package Deadline is February 28, 2019

- A. Package must include:
  - 1. Completed and signed application.
  - 2. One (1) letter of reference or recommendation.
  - 3. Resume.

## IV. GPCA Guardian Leadership Program Scholarship

The GPCA Guardians have established a scholarship, that at their sole discretion, may be awarded to a deserving applicant who had been accepted into the GPCA Leadership Program. The scholarship is intended to provide an opportunity to a qualified applicant, who otherwise may not have the opportunity to participate. The scholarship award amount would be for the entire cost of tuition.

- A. Criteria
  - 1. Candidate must have a minimum of two (2) years industry experience.
  - 2. Candidate must be employed in the industry with a organization having no more than eight(8) employees.
  - 3. Candidate's company must have been a member of GPCA and paid dues for a minimum of three (3) years.
  - 4. Candidate will be required to commit to at least one (1) year of GPCA leadership service subsequent graduation in one (1) of the areas listed below:
    - a. Assistant Region Director
    - b. Work on a major conference committee
    - c. Work with the GPCA charity - Hands United Foundation, Inc.

## V. Application Package Submission (choose one method)—Due by February 28th, 2019

Send to: Attention: Mrs. Connie Rogers  
Executive Director, GPCA

A. Mail: 2034 Beaver Run Road  
Norcross, GA 30071

B. Email: [connie@gpca.org](mailto:connie@gpca.org)

C. Facsimile: 770/417-1419



# 2019 GPCA Leadership Program Class Application

Application Deadline: February 28, 2019

## I. BASIC INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle) (Name Preferred)

Home Address \_\_\_\_\_  
(Street and Number)

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Present Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

How many years have you worked in the pest control industry? \_\_\_\_\_

## II. EMPLOYMENT HISTORY (list in reverse chronology - current/last position first)

<u>Employer/Location</u>	<u>Title</u>	<u>Period of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Responsibilities: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## Employment History Continued

<u>Employer</u>	<u>Title</u>	<u>Period of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Responsibilities: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## III. BUSINESS/PROFESSIONAL AFFILIATIONS

<u>Name of Group</u>	<u>Position Held or Assignments</u>	<u>Period of Affiliation</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

## IV. COMMUNITY INVOLVEMENT

List in order of importance, community activities in which you have participated. To include: civic organizations, public office or political activities, church, volunteer or other community activities:

\_\_\_\_\_

Special Awards and/or Honors/Recognition

\_\_\_\_\_

## V. GENERAL

Do you want to be considered for a GPCA Guardian Scholarship? \_\_\_\_ Yes \_\_\_\_ No

(Refer to Scholarship details listed on page 4)

Why do you want to participate in the GPCA Leadership Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have your company's permission to participate? \_\_\_\_ Yes \_\_\_\_ No

Applicant Name (printed)

Company Representative Name (printed)

Applicant Signature and Date

Company Representative Signature and Date