Triple Impact Leadership 2024

Expand your capacity to create the change you envision for yourself, your organization and your community.



## Mat-Su TIL Application

Name:	Organization:
Contact info: Work phone number: Cell phone number:	e-mail:
Billing info:	
The following information is used for group b	
Year of Birth: Gender: Sector: For-Profit Non-profitGo Subsector:	overnment

Please briefly respond to the following questions:

## Personal Goals:

- Briefly describe your personal and professional learning goals for this program.
- How might this program support your engagement in your organization? Your community?
- What measures might you use to evaluate the impact of your engagement in this program?

## **Priorities and Time Management:**

- How do you plan to be an active learner in this program?
- How do you plan to manage your multiple commitments?
- Who do you need to ask for support in order to be fully engaged in this program?