

KANSAS BANKERS ASSOCIATION APPLICATION FOR THE BANK LEADERS OF KANSAS (BLOK) PROGRAM

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED IT MUST BE FILLED OUT IN ITS ENTIRETY. PLEASE TYPE.

Name _____
(First) (Middle Initial) (Last) (Nickname)

Home Address _____

City, State, Zip _____

Home Phone () _____ Home E-mail _____

Cell Phone () _____

Date of Birth _____ Spouse's Name (if applicable) _____

EMPLOYMENT INFORMATION

Bank _____

Position _____

How Long in Current Position _____ How Long in Banking _____

Work Address _____ City, State, Zip _____

Work Phone () _____

Work Email _____

EDUCATION INFORMATION

Please mark highest level of education completed:

() High school graduate () College graduate () Other _____

Degree/Diploma Received _____ Year _____

School/College or University _____

COMMUNITY/LEADERSHIP

List all leadership or committee positions held by you in the past five years (These may include, but are not limited to church, local government, civic groups, trade associations, etc.)

Position or Involvement	Years Held
_____	_____
_____	_____
_____	_____
_____	_____

List any awards and/or recognition received:

