LEADERSHIP ONEIDA COUNTY

RHINELANDER AREA CHAMBER OF COMMERCE

Organization: _____
Org Mailing Address: _____
Org Phone: _____
Representative: _____
Representative Email: _____
Representative Phone: _____

Briefly describe your organization's mission: _____
_____
_____
_____
In one sentence, please summarize your proposed project:_____
_____
_____
_____
What is driving your need to achieve this project?_____
_____
_____
_____
What difficulties do you expect the students will encounter? _____
_____
_____
_____
How will this project better a situation? _____
_____
_____
_____
What do you want the final project to be?_____
_____
_____
_____

I agree to have a person from my organization serve as a project mentor. This person will make themselves available for meetings as necessary to the group and join us for project presentations at graduation on May 13th, 2027.

Signature: _____
Title: _____
Date: _____
**Return to the Rhinelander Area Chamber of Commerce or Lauren@RhinelanderChamber.com*