



# Tri-State Leadership Academy

## Leadership Academy Application

Page 1

The Leadership Academy will select no more than 15 promising funeral professional leaders, five from each respective state. The participants will be chosen by the Leadership Academy state representatives.

**Committed to the program, participants are expected to attend all sessions on the dates noted for graduation.**

## REQUIREMENTS/APPLICATION PROCESS

Interested participants need to complete the following short application process: ✨

- Currently employed with a member organization in the Tri-State area (IN, KY, OH).
- Aspiring leaders will discuss and confirm with the member employer and provide confirmation of the employer's support of their commitment to complete the Leadership Academy Program.
- Fully complete the application.
- Submit application on or before **May 22, 2026**.

## APPLICANT INFORMATION

Name:

Funeral Home:

Address:

City, State, Zip:

Phone #:

Email Address:

## APPLICANT COMMITMENT

**I understand the requirements of the Leadership Academy. I have discussed the requirements of the program with my employer and how the time away will be handled.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EMPLOYER APPROVAL

**I understand the requirements of the Leadership Academy and agree to support my employee's participation. I have been made aware of both the in-person meeting dates and the virtual meeting dates. We have discussed how the time away from work will be handled.**

**If my employee is selected to participate in the Leadership Academy, I am committing to supporting their efforts.**

\_\_\_\_\_  
Employer's Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date



# Tri-State Leadership Academy

## Leadership Academy Application

Page 2

Please review all information on pages 1 and 2 of the application and ensure it is fully completed before submitting.

## BILLING INFORMATION

Credit Card #:

Expiration Date:  CVC #:

Cardholder Name:

Billing Address:

Signature:

Email for Receipt:

Billing information will only be utilized upon acceptance into the Leadership Academy program. If billing information is not provided, we will contact you for payment prior to the first meeting.

## SUBMISSION

Submit your completed application to your state association:

### FDAK

PO Box 4779

108 St. James Court  
Frankfort, KY 40604

[khouse@fdaofky.com](mailto:khouse@fdaofky.com) | fax (502) 223-0628

### IFDA

1305 W 96<sup>th</sup> Street, Suite A  
Indianapolis, IN 46260

[connie@infda.org](mailto:connie@infda.org) | fax (317) 846-6534

### OFDA

2501 North Star Road  
Columbus, OH 13221

[amyb@ofdaonline.org](mailto:amyb@ofdaonline.org) | fax (614) 486-5358

**Thank you for submitting your application to the Tri-State Leadership Academy!**

We appreciate your interest in this program and your commitment to professional growth. Our team will review all applications carefully, and you will be notified once selections have been made. We look forward to the possibility of welcoming you to this unique leadership experience.