



HANCOCK YOUNG PROFESSIONALS
A Hancock Chamber Program
Hancock County, MS

CLASS OF 2026 – HANCOCK YOUNG PROFESSIONALS LEADERSHIP COUNCIL APPLICATION

Name: _____ Email: _____

Phone: _____ Employer: _____

Job Title: _____ Age: _____ Gender : _____

Ethnicity: _____ Years lived/worked in Hancock Co: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Would your business like to be a program sponsor at \$500? Y/N: _____

Education (Please include trade schools or other specialized education or training.)

Personal/Professional Achievements (Please list highest responsibility/skill/career achievement.)

Community Service (List any groups or activities and the amount of time you spend on them on a monthly basis.)

Expectations (What would make this program more beneficial to your as a young professional)

What do you hope to gain from your participation in this program?

Please list any dietary restrictions.

Please list any known allergies.

By signing below, I understand that I am submitting an official application to the Hancock Young Professionals Leadership Council Program and I have the full support of my employer to attend all sessions of the program. Please return this application along with a recent headshot to the Hancock Chamber of Commerce at 300 S. 2nd St., Bay St. Louis, MS, 39520. You may drop it off in person or mail it to the address above. You can also email it to Mary Cowand, HYP Manager at mary@hancockchamber.org. A tentative class schedule can be found at <http://hancockchamber.org>.

Signature

Date: _____