

PLEASE COMPLETE THIS FORM WITH ALL INFORMATION REQUESTED FOR EACH SECTION.

Name (first, last):	Company/Organization:	Job Title:	
Home Address:	Home City:	State:	Zip:
Cell/Home Number:	Home E-Mail Address:		
Work Address:	Work City:	State:	Zip:
Work Telephone:	Work E-Mail Address:		

For written communication, would you prefer that we use your home or work mailing address?

Home Work

For electronic communication, would you prefer that we use your home or work email address?

Home Work

PLEASE INCLUDE A CURRENT RESUME WITH THE SUBMISSION OF YOUR APPLICATION.

OTHER CONSIDERATIONS

Why is Supervisors Institute the right program for you? What skills or knowledge do you hope to gain?

Please share something about yourself that we would not learn from reading your resume and explain the impact this has had on you as a leader:

EXPECTATIONS

Supervisors Institute is a ten-month program comprised of half-day sessions starting in September as well as a graduation ceremony in June.

Commitment to participating in Supervisors Institute centers on involvement in all program days and graduation. Attendance is strongly encouraged for the ten program day sessions and graduation. Missing more than the equivalent of 2 sessions will jeopardize a participant's eligibility for graduation.

TUITION

Supervisors Institute tuition is \$1,999, which covers all program related expenses during the 10-month program term. Unfortunately, we do not offer program refunds after the class start date.

If selected, full tuition must be received within 30 days of notification and/or no later than September 1st.

APPLICANT AGREEMENT

I have read and understand the commitments required of the Supervisors Institute program. I am willing to attend all required sessions/functions of Supervisors Institute and devote the time necessary to be a contributing member of the class. I understand that if I fail to meet these obligations I will not be permitted to graduate from the program and will not receive a refund of my tuition.

- I am responsible for the \$1,999 tuition fee.
- My employer/sponsor is responsible for tuition (obtain signature below)

Applicant Signature

Date

EMPLOYER AGREEMENT

Applicants for Supervisors Institute must have the support and commitment of their employer. The signature of the employer are required as an indication of complete support of the applicant's participation. Financial support indicates willingness to pay the applicant's tuition. Release time support indicates willingness to provide the applicant with time off from work to attend monthly program days.

EMPLOYER

WILL COMMIT TO: (check all that apply)

- Release time support
- Financial support

Employer Signature

Print Name/Title/Organization

Date

Email Address

Please check each box to ensure application includes:

- complete form* *all appropriate signatures* *updated resume*