**New Directors’ Leadership Institute**

**APPLICATION FORM 2021-2023**

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| --- | --- | --- | --- |
| Name: | | District/Agency: | |
| Address: | | | |
| City: | State: | | Zip: |
| Work Phone: | Fax: | | Cell Phone: |
| E-mail: | | | |

CURRENT POSITION: (Please check one)

\_\_\_\_ Exceptional Children Program Director \_\_\_\_ Other - Identify position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACKGROUND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) & Year Received \_\_\_\_\_\_\_\_\_\_

EDUCATION EXPERIENCE: (include number of years for each position listed):

POSITION YEARS HELD

|  |  |
| --- | --- |
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Explain why it is important to you to participate in this two-year Institute (include what you hope to learn, skills you hope to gain, etc.):

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| --- |
|  |

***Please read and sign below:***

I, the undersigned, realize only a limited number of participants can be accepted for this training and attendance is required at all institute sessions. I agree to attend all institute sessions.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, realize only a limited number of participants can be accepted for this training and attendance is required at all institute sessions. I agree can be away from the district to attend all institute sessions. (Name of Applicant)

Superintendent’s or Designee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_