

ACE Leadership Institute
Participant Application

Note: This Acrobat PDF form may be completed on the screen and printed but cannot be saved unless your computer has the full version of Adobe Acrobat, not just the Acrobat reader. If preferred, the form can be printed, filled in on paper, and mailed or faxed.

Name: _____

Institution: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Phone number(s): _____

Position title: _____

Supervisor's name: _____

Supervisor's e-mail address: _____

Supervisor's phone: _____

The Institute program comprises three face-to-face meetings and mediated participation between those meetings. It also involves an experiential learning project to be completed at your home institution. Are you willing and able to complete the entire Institute program, barring genuinely catastrophic circumstances?

Yes

No

Unsure

Why are you interested in participating in the Institute program, and how do you hope to benefit?

What are your career goals for the next 5 and 10 years?

Expenses include the registration fee, as well as the cost of travel, lodging, meals, and incidental expenses during the three face-to-face meetings. Are you and your institution willing and able to commit these resources?

Yes

No

Unsure

Please attach your **vitae** and a **letter of support** from your supervisor. The letter should address support for the time and financial costs of this commitment and confirm that the applicant will be invited to participate in administrative meetings at his or her home institution. These meetings should be at least one or more administrative levels above the applicant's current position. For example, if the applicant is in a department, he or she would be invited to join meetings of department heads, or with an administrative team of similar stature.

Verification and Pledge

If selected for participation in this program, I commit to giving top priority to my full involvement and will do everything in my power, barring loss of employment or genuinely catastrophic personal circumstances to successfully complete the entire Institute program.

(Signed)

Date: _____

Mail or fax completed application form to:

Dr. Kristina Boone
Professor and Head
Department of Communications
301 Umberger Hall
Kansas State University
Manhattan, KS 66506-3402

Fax: (785) 532-5633

Address questions to leadme@ext.msstate.edu. Please include your telephone number.