



Arkansas Leadership Academy

Executive Leadership Collaborative

Please PRINT the following:
INDIVIDUAL INFORMATION

Application Deadline: July 12, 2019

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME STREET ADDRESS: _____

HOME CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ PERSONAL E-MAIL: _____

CELL PHONE: _____

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE | |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> ASIAN | <input type="checkbox"/> CAUCASIAN |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> NATIVE AMERICAN | OTHER _____ |

DISTRICT INFORMATION

SCHOOL DISTRICT: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____ CO-OP: _____

NUMBER OF YEARS IN CURRENT POSITION: _____ TOTAL YEARS AS SUPT: _____

PHONE: _____ E-MAIL: _____

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES WHEN _____ NO

PLEASE LIST THE PERCENT OF STUDENT DEMOGRAPHICS IN YOUR DISTRICT:

- | | | |
|------------------------|-----------------------|-----------------|
| FEMALE _____ | MALE _____ | |
| AFRICAN AMERICAN _____ | ASIAN _____ | CAUCASIAN _____ |
| HISPANIC _____ | NATIVE AMERICAN _____ | OTHER _____ |

STUDENT POPULATION:

WHAT IS THE BIGGEST CHALLENGE FACING YOUR DISTRICT?

There is a \$500 institute fee to help offset costs. The two sessions of this institute include 4 nights lodging, 12 meals, snacks and books/materials. Please provide a copy of your PO when submitting this application (include the email address where the University of Arkansas may submit the invoice). Your application will not be considered complete until we have a PO.

Executive Leadership Collaborative Dates:

- **October 21-23, 2019**
- **April 13-15, 2020**

Please save these dates on your calendar.

Location:

Winthrop Rockefeller Institute - Petit Jean Mountain

Executive Leadership Collaborative will begin at 6:00pm the first day of each session and end by 3:00pm the last day of each session.

If you have any questions please contact:

Lisa Cook – 479-575-3324 lisacook@uark.edu

SIGNATURE _____

DATE _____

PLEASE EMAIL THE APPLICATION BY: JULY 12, 2019.

Submit the application via email to Lisa Cook at lisacook@uark.edu



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I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name: _____
Signature printed name date

e-mail address phone number