



**APPLICATION  
THE NAMIC LEADERSHIP SEMINAR  
APRIL 1-3, 2020  
LOS ANGELES, CA**

**(Please print or type clearly. Use additional sheets, if necessary, and clearly indicate your name on all pages).**

**PERSONAL DATA**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ SUITE/APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

**Ethnic Background (Optional)**

AFRICAN AMERICAN/BLACK  ASIAN AMERICAN/PACIFIC ISLANDER  CAUCASIAN  LATINO  
 NATIVE AMERICAN  OTHER: \_\_\_\_\_

**Gender (Optional):**  MALE  FEMALE

**EMERGENCY CONTACT INFORMATION**

IN CASE OF EMERGENCY, PLEASE CONTACT:

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**EDUCATION**

INSTITUTION \_\_\_\_\_ DATES \_\_\_\_\_ DEGREE/CERTIFICATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY OTHER LEADERSHIP PROGRAMS YOU HAVE PREVIOUSLY ATTENDED

PROGRAM NAME \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Applicant Name:**

**EXPERIENCE:** DESCRIBE YOUR PRESENT RESPONSIBILITIES AND INCLUDE THE NUMBER OF PEOPLE AND THE BUDGET YOU MANAGE. (PLEASE ATTACH A CURRENT RESUME).

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**ARE YOU A MEMBER OF NAMIC?**       YES       NO

LIST ORGANIZATIONAL AFFILIATIONS DURING THE LAST FIVE YEARS

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**POSITION DATA:** DESCRIBE YOUR POSTION AS IT RELATES TO THE TOTAL ORGANIZATION. TO WHOM DO YOU REPORT?

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**THIS SECTION OF THE APPLICATION WILL ASSIST THE REVIEW COMMITTEE IN GETTING TO KNOW YOU BETTER. WE WANT TO ENSURE THAT WE HAVE A DIVERSE GROUP OF PARTICIPANTS WHO WILL CONTRIBUTE TO AND BENEFIT FROM THIS EXPERIENCE. ON A SEPARATE SHEET, PLEASE RESPOND TO THE STATEMENTS BELOW IN 500 WORDS OR LESS:**

Discuss your career goals and the steps you have taken thus far to achieve them. Please provide examples where you feel you demonstrated effective leadership--whether inside your organization, in your community, or through some other organizational affiliation. Include how your participation in the NAMIC Leadership Seminar will build on these experiences to assist you in achieving your professional goals.

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|---|
| Application Check List                                |
| <input type="checkbox"/> Completed Application Form   |
| <input type="checkbox"/> Responses to essay questions |
| <input type="checkbox"/> Letter of recommendation     |
| <input type="checkbox"/> Resume                       |
| <input type="checkbox"/> Secured necessary signatures |



## NAMIC Leadership Seminar Recommendation Form

**Applicant Name:**

**Title:**

**Company:**

A senior manager or executive of the organization who is thoroughly familiar with the applicant and can provide detailed and firsthand appraisal should complete this statement.

As recommender you have been asked to write a letter in support of the applicant's admission to the **NAMIC Leadership Seminar**. On a separate sheet of paper, please share with the committee the following information:

- Length of time you have known the applicant and in what capacity
- Description of the applicant's current role and responsibilities
- Applicant's career development, specifically his / her potential for advancement to senior levels of management (please share or provide examples or stories of the applicant's leadership abilities)
- Please describe your reason for nominating the applicant for the program and indicate what distinguishes the applicant from other high potentials
- Benefit(s) you feel the applicant will receive from attending the program

RECOMMENDER'S NAME: \_\_\_\_\_

RECOMMENDER'S SIGNATURE: \_\_\_\_\_



**ORGANIZATIONAL ENDORSEMENT**

YOUR COMPANY MUST ENDORSE YOUR PARTICIPATION IN THE NAMIC LEADERSHIP SEMINAR. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPONSOR.

SPONSOR'S NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE INCLUDE A WRITTEN RECOMMENDATION FROM YOUR SPONSOR.**

IF DIFFERENT FROM ABOVE, PLEASE PROVIDE THE NAME, TITLE/POSTION, ADDRESS AND BUSINESS PHONE NUMBER OF THE PERSON IN CHARGE OF EMPLOYEE DEVELOPMENT IN YOUR ORGANIZATION.

NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE PROVIDE INFORMATION ON THE INDIVIDUAL WHO SHOULD RECEIVE BILLING INQUIRIES.**

NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IT IS UNDERSTOOD THAT ONCE THE APPLICANT HAS BEEN NOTIFIED OF ACCEPTANCE INTO THE PROGRAM, THE ENTIRE FEE IS PAYABLE UPON BILLING. FIFTY PERCENT (50%) OF THE TOTAL TUITION FEE WILL BE ASSESSED FOR CANCELLATION LESS THAN 10 DAYS PRIOR TO THE STARTOF THE PROGRAM. IF A WRITTEN REQUEST IS RECEIVED LESS THAN 5 DAYS PRIOR TO THE PROGRAM START, THE SPONSORING ORGANIZATION WILL ASSUME RESPONSIBILITY FOR THE ENTIRE PROGRAM FEE. NO REFUND WILL BE MADE FOR PARTIAL PARTICIPATION. TO ENSURE FULL VALUE TO THE PARTICIPANT AND SPONSORING ORGANIZATION, EACH PARTICIPANT MUST BE PRESENT ALL THREE DAYS IN ORDER TO COMPLETE THE PROGRAM SUCCESSFULLY. IN ADDITION, IT IS FURTHER UNDERSTOOD THAT DURING ATTENDANCE AT THE NAMIC LEADERSHIP SEMINAR, THE PARTICIPANT WILL BE FREE OF OTHER WORK DUTIES AND WILL NOT BE REQUIRED TO LEAVE THE INSTITUTE, EXCEPT IN EMERGENCY SITUATIONS. I HAVE READ AND AGREE TO ABIDE BY THE ORGANIZATION AND APPLICANT AGREEMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SPONSOR \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATIONS MUST BE SUBMITTED TO:  
INFO@NAMIC.COM WITH SUBJECT LINE: LEADERSHIP SEMINAR APRIL**