



THE NAMIC LEADERSHIP SEMINAR  
2020 SCHOLARSHIP APPLICATION FORM  
April 1-3, 2020

Sponsored by



(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 \_\_\_\_\_ EMAIL \_\_\_\_\_

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

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

PHONE \_\_\_\_\_

**Ethnic Background**

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 \_\_\_\_\_



**Applicant Name:**

**EDUCATION**

INSTITUTION	DATES	DEGREE/CERTIFICATE
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PLEASE LIST ANY OTHER LEADERSHIP PROGRAMS YOU HAVE PREVIOUSLY ATTENDED

PROGRAM NAME	DATES ATTENDED
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**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 SCHOLARSHIP REVIEW COMMITTEE IN GETTING TO KNOW YOU BETTER. 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 as a person of color 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 Scholarship Recommendation Form

**Candidate Name:**

**Title:**

**Company:**

This statement should be completed by a senior manager or executive of the organization who is thoroughly familiar with the candidate.

You have been asked to write a letter in support of this candidate for the **NAMIC Leadership Seminar Scholarship**. On a separate sheet of paper, please share with the committee the following information:

- Length of time you have known the candidate and in what capacity
- Description of the candidate'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 candidate for the NAMIC Leadership Seminar Scholarship, and indicate what you feel distinguishes this candidate from other high potentials.
- Benefit(s) you feel the nominee will receive from attending the Leadership Seminar

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

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



**ORGANIZATIONAL ENDORSEMENT**

IN ORDER TO BE CONSIDERED FOR THE NAMIC LEADERSHIP SEMINAR SCHOLARSHIP, YOU *MUST* BE SPONSORED BY AN APPROPRIATE MANAGER/EXECUTIVE IN YOUR COMPANY. PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

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

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

ADDRESS \_\_\_\_\_

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

**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 \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

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

NAMIC LEADERSHIP SEMINAR SCHOLARSHIP RECIPIENTS ARE EXPECTED TO BE PRESENT ALL THREE DAYS IN ORDER TO COMPLETE THE PROGRAM SUCCESSFULLY. IN ADDITION, WE ALSO REQUEST THAT PARTICIPANTS BE FREE OF OTHER WORK DUTIES, AND NOT REQUIRED TO ABSENT HIM/HERSELF FROM THE SEMINAR, EXCEPT IN EMERGENCY SITUATIONS.

I HAVE READ AND AGREE TO ABIDE BY TERMS OF THE SCHOLARSHIP.

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

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

**APPLICATIONS MUST BE SUBMITTED TO:  
[INFO@NAMIC.COM](mailto:INFO@NAMIC.COM) WITH SUBJECT LINE: **LEADERSHIP SEMINAR APRIL****