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EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
2020-2021: CLASS XX
UNIVERSITY OF VIRGINIA DARDEN SCHOOL OF BUSINESS
NOMINATION FORM: KAITZ FELLOWSHIP

(Please print or type clearly. Use additional sheets where suggested, with your name clearly displayed on all pages.)

PERSONAL DATA

LAST NAME FIRST NAME

TITLE COMPANY

ADDRESS

CITY STATE ZIP CODE

BUSINESS PHONE E-MAIL ADDRESS

HOME ADDRESS SUITE/APARTMENT

CITY STATE ZIP CODE PHONE

ETHNIC BACKGROUND

AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER LATINX NATIVE AMERICAN OTHER:

GENDER IDENTITY: MALE FEMALE TRANS OTHER GENDER IDENTITY

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, PLEASE CONTACT

RELATIONSHIP

BUSINESS PHONE HOME PHONE

EDUCATION

INSTITUTION DATES ATTENDED DEGREE/CERTIFICATE

PLEASE LIST ANY OTHER EXECUTIVE LEADERSHIP PROGRAMS YOU HAVE ATTENDED.

PROGRAM NAME DATES ATTENDED



PLEASE RATE YOUR COMPETENCY IN THE FOLLOWING AREAS:

	HIGH	SOME	LOW
STRATEGIC MANAGEMENT	_____	_____	_____
GLOBAL BUSINESS	_____	_____	_____
ACCOUNTING	_____	_____	_____
INFORMATION TECHNOLOGY	_____	_____	_____
PUBLIC AFFAIRS	_____	_____	_____
FINANCE	_____	_____	_____
MARKETING	_____	_____	_____
HUMAN RESOURCES	_____	_____	_____
LEADERSHIP DEVELOPMENT	_____	_____	_____
OPERATIONS	_____	_____	_____
AD SALES	_____	_____	_____
AFFILIATE RELATIONS	_____	_____	_____
NEW MEDIA	_____	_____	_____
ENGINEERING	_____	_____	_____
PROGRAMMING	_____	_____	_____

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

ARE YOU CURRENTLY A NAMIC MEMBER? YES _____ NO _____

LIST ORGANIZATIONAL AFFILIATIONS OF THE LAST FIVE YEARS:

POSITION DATA: PLEASE DESCRIBE YOUR POSTION AS IT RELATES TO THE TOTAL ORGANIZATION. DESCRIBE YOUR REPORTING RESPONSIBILITIES AND THE NUMBER OF LEVELS BETWEEN YOUR POSITION AND THAT OF THE ORGANIZATION'S SENIOR OFFICER. *INCLUDE AN ORGANIZATION CHART.*

PERSONAL STATEMENT:

ON A SEPARATE SHEET, PLEASE DESCRIBE HOW THE EXPERIENCE OF BEING A PERSON OF COLOR HAS CONTRIBUTED TO YOUR LEADERSHIP POTENTIAL AND PREPAREDNESS TO ASSUME POSITIONS OF INCREASING SCOPE AND COMPLEXITY IN THE MEDIA AND ENTERTAINMENT INDUSTRY. INCLUDE WHY BEING SELECTED TO RECEIVE THE KAITZ FOUNDATION FELLOWSHIP TO PARTICPATE IN NAMIC'S ELDP CLASS XVI WILL ASSIST YOU IN ACHIEVING YOUR CAREER GOALS.



ORGANIZATIONAL ENDORSEMENT

YOUR PARTICIPATION IN ELDP CLASS XX MUST BE ENDORSED BY THE NOMINATING SPONSOR FROM YOUR ORGANIZATION. PLEASE PROVIDE THE FOLLOWING INFORMATION:

SPONSOR'S NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

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

IF DIFFERENT FROM ABOVE, PLEASE PROVIDE CONTACT INFORMATION FOR THE INDIVIDUAL RESPONSIBLE FOR EXECUTIVE DEVELOPMENT IN YOUR ORGANIZATION.

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PLEASE PROVIDE CONTACT INFORMATION FOR THE INDIVIDUAL RESPONSIBLE FOR TUITION BILLING. (10% x \$24,000 full tuition = \$2,400)

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGANIZATION AND APPLICANT AGREEMENT: IT IS UNDERSTOOD THAT UPON APPLICANT ACCEPTANCE, THE ENTIRE FEE IS PAYABLE UPON BILLING. FIFTY PERCENT (50%) OF THE TOTAL TUITION FEE WILL BE ASSESSED FOR CANCELLATION LESS THAN 30 DAYS PRIOR TO THE START OF THE PROGRAM. IF A WRITTEN REQUEST IS RECEIVED LESS THAN 14 DAYS PRIOR TO THE PROGRAM START, THE 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 ATTEND ALL FOUR SESSIONS TO COMPLETE THE PROGRAM SUCCESSFULLY. IT IS FURTHER UNDERSTOOD THAT DURING ATTENDANCE AT THE NAMIC ELDP, THE PARTICIPANT WILL BE FREE OF OTHER DUTIES AND WILL NOT BE REQUIRED TO LEAVE THE PROGRAM 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 _____

JAMES JONES, NAMIC EDUCATION PROGRAM CONSULTANT
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PHONE: 917.225.3569

ALL MATERIALS MUST BE SUBMITTED BY AUGUST 14, 2020