



**THE NAMIC LEADERSHIP SEMINAR  
SCHOLARSHIP APPLICATION FORM**

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  WHITE  LATINX

NATIVE AMERICAN  OTHER: \_\_\_\_\_

**Gender (Optional):**  MALE  FEMALE  NON-BINARY

**EMERGENCY CONTACT INFORMATION**

IN CASE OF EMERGENCY, PLEASE CONTACT:

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

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



**Applicant Name:**

**EDUCATION**

INSTITUTION	DATES	DEGREE/CERTIFICATE
_____		
_____		

PLEASE LIST ANY OTHER LEADERSHIP PROGRAMS YOU HAVE PREVIOUSLY ATTENDED

PROGRAM NAME	DATES ATTENDED
_____	
_____	

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

\_\_\_\_\_  
\_\_\_\_\_

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

You must be a member of NAMIC to be eligible to participate in the NAMIC Leadership Seminar.

LIST ORGANIZATIONAL AFFILIATIONS DURING THE LAST FIVE YEARS

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

- Application Check List

  - Completed Application Form
  - Responses to essay questions
  - Letter of recommendation
  - Resume
  - 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 selection 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 any examples or stories of the applicant's leadership abilities)
- Your reason for nominating the applicant for the NAMIC Leadership Seminar Scholarship including what distinguishes this applicant 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 FIVE CONTENT 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 LEAVE THE VIRUTAL CLASSROOM, 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)