

# NEA HIGHER EDUCATION EMERGING LEADERS ACADEMY *CANDIDATE APPLICATION FORM*

Name: \_\_\_\_\_

Submission Date: \_\_\_\_\_



**NEA HIGHER ED EMERGING LEADERS ACADEMY  
CANDIDATE APPLICATION FORM**

Candidates must complete and submit this application packet and return to the NEA c/o:

*Phadra L. Williams*  
*ELA Coordinator-NEA Higher Education Program*  
*1201 16<sup>th</sup> St. NW, Suite 410*  
*Washington, DC 20036*

Applications can also be e-mailed to Ms. Williams at [pwilliams@nea.org](mailto:pwilliams@nea.org) or faxed to (202) 822-7624. Forms must be received no later than February 20, 2008. Please note that all applications must be typed or legibly handwritten.

**Name** \_\_\_\_\_

**Campus** \_\_\_\_\_

**Home Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone (Office)** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_

**Email (Office)** \_\_\_\_\_

**Email (Home)** \_\_\_\_\_

**Job Title and Department** \_\_\_\_\_

**Member Category** ESP\_\_ F/T Faculty\_\_ Contingent Faculty (P/T, Temp, Adjunct)\_\_

**Academic (non-instructional)**\_\_ **Professional**\_\_ **Graduate Assistant**\_\_

**Number of years in my position at my association** \_\_\_\_\_

**Number of years a member of my local/state association** \_\_\_\_\_

**To the best of my knowledge, I am able to attend all 3 training sessions.**      Yes    No

**I meet the eligibility criteria and if chosen, I will agree to the terms of participation by signing a written agreement prior to session #1.**      Yes    No

**I will commit to finding an in-state mentor to support me through the program prior to the start of session #1.**      Yes    No

**\*Please note that NEA will support you in finding a mentor prior to session #1 if needed.**

**\*Use additional paper if necessary**

**Please tell us something about yourself.**

**Why do you want to participate in the NEA Emerging Leaders Academy (ELA)?**

**How do you envision your participation in the ELA benefiting your local association?**

**What strengths and positive qualities do you bring to the ELA Program?**

**What is your level of interest, knowledge, or involvement in your local association/union?**

**Please share with us anything else you would like us to know in considering your application.**

**Optional Information**

The following information is optional. We request the information to collect statistics on how well the program is advertised and reaches the membership. None of the information collected is used as a determining factor in acceptance or rejection of candidates in this program.

**Ethnic Identification (check one)**

- Asian
- Black/African American
- White
- Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- American Indian/Alaskan Native
- \_\_\_\_\_(please identify)

**Gender**

- Male
- Female

**Date of Birth** \_\_\_\_\_

**CANDIDATE NOMINATION FORM**

**(Please have your nominator fill out this form and return it to you to submit with your application packet)**

**Name** of \_\_\_\_\_  
**Nominator** \_\_\_\_\_  
**Title** \_\_\_\_\_

**Mailing** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_  
**(Office)** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**(Home)** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**(Office)** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**(Home)** \_\_\_\_\_

**Candidate** **You** **Are** \_\_\_\_\_  
**Nominating** \_\_\_\_\_

**Candidate's** \_\_\_\_\_  
**Title** \_\_\_\_\_

**Has the nominee ever held an elected association office (at campus union or association level or higher)?**  
**Yes** **No** **If Yes, what office?** \_\_\_\_\_

**When** **was** **he/she** \_\_\_\_\_  
**elected?** \_\_\_\_\_

**Total amount of time in all elected** \_\_\_\_\_  
**offices** \_\_\_\_\_

**Describe the nominee's involvement in the Higher Ed Local Association and the State Association.**

**Why do you think the nominee is a good candidate for the Higher Ed Emerging Leaders Academy Program? (Skills, experiences, personal qualities, training, etc.)**

**How will the nominee's participation in the Higher Ed Emerging Leaders Academy help benefit his/her local or state affiliate?**

**Is there anything else you want to share with us regarding this person's candidacy?**

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**APPLICATION SUBMISSION ACKNOWLEDGEMENT FORM**

**This section must be signed by your local affiliate president, the staff person assigned to your service area and a representative from the state affiliate prior to submitting your application to the NEA. (The state affiliate representative acknowledgement must be the state president, executive director or his/her designee) The staff person assigned to your service area may be a local staff person or a state staff person depending upon the way your state is organized. Applications without this portion of the form completed will not be considered. The requirement to complete this form will ensure that local and state affiliates are informed of applicants within their states who have applied for this program.**

**Local President** \_\_\_\_\_

**Name of Local** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Staff Person** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**STATE AFFILIATE SUBMISSION ACKNOWLEDGEMENT FORM**

**\*Remember that this section must be filled out by the state president, executive director or his/her designee**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_