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NELD: North Central

Participant Application Form

Name _____

Primary Position/Title _____

Institution _____

Work Address _____

_____

Work Phone _____ Home Phone _____

E-mail Address _____

In line with the goal of reflecting diversity and richness of background and experience among program participants, we ask that you provide the following information:

Gender _____ Ethnicity _____

1. Educational Background (Include professional education, training programs, and self-directed learning.)

Field of Study	Institution	Degree/Certificate	Date

2. Professional Employment (Begin with your present position)

Title and description of responsibilities	Date	Employer name/location

3. List any offices or positions held in the past five years (including professional, civic, community, school, government, etc.) Name one or more issues which were being addressed during your term.

Organization	Office/Position Activity	Issues

4. Describe an experience or situation that demonstrated your role as an effective leader.

5. Please identify and discuss a particular issue, opportunity or problem, societal or organization, which you feel is crucial to the future effectiveness of Extension.

   a. Issue:

   b. What actions would you like to take in your current role to address this issue?

   c. What barrier(s) do you feel stand in your way in having an impact on this issue?

6. What do you hope to gain from this leadership development program? Include some of your professional and personal goals in your response.

7. References: List two individuals who have knowledge of your qualifications as a NELD: North Central program participant.

   a. Name_____ Title _____

      Address _____

      _____ Phone _____

   b. Name_____ Title _____

      Address _____

      _____ Phone _____

Commitment

The NELD: North Central Program requires full commitment and participation. Participants will commit to attending three 2-1/2 day seminars during the year plus a week of international experience. In addition to full participation in each seminar, participants will complete assignments between seminars.

Participants in the program require the support and commitment of their supervisor. The signature of your supervisor/department chair indicates such support. The undersigned agrees to the above terms of participation.

Signature of applicant _____ Date _____

Signature of supervisor/department chair _____

Title _____

Submit completed application to:

Dr. Marie Blythe
104 Umberger Hall
Manhattan, KS 66506

and/or mblythe@ksu.edu