



EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
2011-2012 FELLOWSHIP APPLICATION FORM

MADE POSSIBLE THROUGH A GENEROUS GIFT FROM



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

PERSONAL DATA

LAST NAME _____ FIRST NAME _____

TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ FAX _____

E-MAIL ADDRESS _____

HOME ADDRESS _____ SUITE/APARTMENT _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

ETHNICITY

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

GENDER: MALE FEMALE

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, PLEASE CONTACT _____

RELATIONSHIP _____

BUSINESS PHONE _____ HOME PHONE _____

EDUCATION

INSTITUTION	DATES ATTENDED	DEGREE/CERTIFICATE
_____	_____	_____
_____	_____	_____
_____	_____	_____



PLEASE LIST OTHER EXECUTIVE LEADERSHIP PROGRAMS YOU HAVE PREVIOUSLY ATTENDED.

PROGRAM NAME

DATES ATTENDED

_____	_____
_____	_____
_____	_____

AREAS OF MANAGEMENT

PLEASE RANK YOUR PROFICIENCY IN THE FOLLOWING AREAS:

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

EXPERIENCE: DESCRIBE YOUR PRESENT RESPONSIBILITIES AND 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: DESCRIBE YOUR POSITION 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. PLEASE INCLUDE AN ORGANIZATION CHART, IF AVAILABLE.



PERSONAL STATEMENT: ON A SEPARATE SHEET, DESCRIBE WHY YOU BELIEVE BEING AWARDED THE NAMIC 2011-2012 ELDP FELLOWSHIP WILL ASSIST YOU IN ACHIEVING YOUR CAREER GOALS. PLEASE DISCUSS 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 COMMUNICATIONS INDUSTRY.

ORGANIZATIONAL ENDORSEMENT

YOUR PARTICIPATION IN THE ELDP MUST BE ENDORSED BY YOUR EMPLOYER. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPONSOR:

SPONSOR'S NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

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

IF DIFFERENT FROM ABOVE, PLEASE PROVIDE THE NAME, TITLE/POSITION, ADDRESS AND BUSINESS NUMBER OF THE PERSON IN CHARGE OF EXECUTIVE DEVELOPMENT IN YOUR ORGANIZATION.

NAME _____

TITLE/POSITION _____ COMPANY _____

BUSINESS PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

FELLOWSHIP RECIPIENTS MUST ATTEND ALL FOUR SESSIONS OF THE NAMIC EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM TO SUCCESSFULLY COMPLETE THE PROGRAM. COMPANIES ARE ASKED TO CONFIRM THAT, EXCEPT IN EMERGENCY SITUATIONS, PARTICIPANTS WILL BE FREE OF OTHER JOB-RELATED DUTIES. I HAVE READ AND AGREE TO ABIDE BY THE TERMS OF THE FELLOWSHIP.

SIGNATURE OF CANDIDATE _____ DATE _____

SIGNATURE OF SPONSOR _____ DATE _____

NAMIC ELDP FELLOWSHIP APPLICATIONS MUST BE SUBMITTED BY AUGUST 12, 2011 TO:

NAMIC
 EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
 320 WEST 37th STREET, 8th FL.
 NEW YORK, NY 10018
 ATTENTION: JIM JONES, VICE-PRESIDENT OF EDUCATION PROGRAMS
 PHONE: (212) 594-5985 FAX: (212) 594-8391 EMAIL: jim.jones@namic.com