



NCBW
100

National Coalition of 100 Black Women, Inc.

NCBW 100 LEAD Academy Application Form

This application must be fully completed by the member requesting admission to the NCBW 100 LEAD Academy (hereinafter the "Academy"). Please answer N/A where information is not available. Incomplete or inaccurate applications will be disqualified. Provide only the information requested. Except as directed, do not add any additional pages to this application. Applications submitted after the deadline will not be accepted.

APPLICATION DUE MARCH 2, 2018 (5:00 pm EST)

Return Application Packets Electronically to: ncbw100leadacademy@nc100bw.org

APPLICANT INFORMATION

Please Print Legibly

Name _____ Preferred Name _____

Mailing Address _____

City/State/Zip Code _____

HomePhone _____ MobilePhone _____ Email _____

Education:

College _____ Year Graduated _____ Degree _____

Graduate School _____ Year Graduated _____ Degree _____

Postgraduate School _____ Year Graduated _____ Degree _____

Other _____ Year Graduated _____ Degree _____

PROFESSIONAL INFORMATION

Employer Name _____

Current position with company _____ How long? _____

Number of years of professional experience in total? _____

Summarize job duties _____

PROFESSIONAL INFORMATION *(Continued)*

Do you supervise employees? Yes No How Many? _____

Professional Leadership Training Programs attended _____

Certification(s) received? List _____

CHAPTER INFORMATION

Chapter _____ Date joined _____

Office(s) Held _____

Committee(s) served on _____

Accomplishments/Contributions _____

Leadership Retreat(s) attended and year(s) _____

PROFESSIONAL AND CIVIC ENGAGEMENT

Active membership(s) in other professional/civic organizations; position(s) held:

Organization

Position

1. _____

2. _____

3. _____

4. _____

5. _____

Provide selected list of professional/civic honors, awards or publications

RATIONALE STATEMENT

The mission of the National Coalition of 100 Black Women, Inc. is to advocate on behalf of Black women and girls to promote leadership development and gender equity in the areas of health, education and economic empowerment. The Selection Committee is interested in learning more about why you want to attend the Academy to become a leader in NCBW. ***On a separate sheet and in 1,000 words or less***, discuss your reasons for wanting to attend the Academy to enhance your leadership skills. In your response please cover the following:

- Identify one public policy issue in your community. What you have or are doing to work to solve the issue at the chapter level.
- If applicable, how you have been able to use your professional position to solve public policy issues.
- Why you want to attend the Academy and what skills and resources do you envision it providing to help you achieve impact locally and at the national level.
- Your long-term commitment to NCBW.

I affirm that I am the applicant for admission to the NCBW 100 LEAD Academy and that the information submitted herein is correct.

Signature

Date



NCBW
100

NCBW 100 LEAD Academy Cancellation, Refund And Forfeiture Policy

I, _____, acknowledge that the NCBW 100 LEAD Academy (hereinafter the “Academy”) Leadership Development Program is a 15-month sequence of learning that includes a combination of on-site sessions at various locations, virtual learning opportunities (webinars, conference calls, etc.) taught by experts in the fields of leadership development, financial management, public policy and similar projects, and a class project.

In accordance with requirements for acceptance and participation in the Academy, I understand and acknowledge the following:

- I meet eligibility requirements to apply for, and if accepted, to participate in the NCBW 100 LEAD Academy Leadership Development Program.
- I will undertake training assignments and tasks on my own time.
- I will adhere to the Academy schedule, including attending 2018 and 2019 Leadership Retreats and 2019 Biennial Conference.
- National Coalition of 100 Black Women, Inc. makes no promise or guarantee that completion of the program will result in my being elected or appointed in a leadership position at the chapter or national level.
- NCBW will receive chapter’s and member’s combined tuition payment of \$600 by May 1, 2018.
- If I miss more than one (1) session during the 15-month program period, fail to attend the 2018 and 2019 Leadership Retreats, fail to attend 2019 Biennial Conference, and/or fail to complete course work as determined by the National Coalition of 100 Black Women, Inc. I will not graduate from the program and will not be due any refund.
- Cancellations must be made in writing and received by National Headquarters by 5:00 p.m. eastern time, on the dates specified:
 - Cancellations on or before May 25, 2018 will be refunded \$500. NCBW will retain \$100 to cover costs associated with processing participant’s application.
 - Cancellations on May 26, 2018 and after will not be given a refund.
- Participant who miss the 2018 Leadership Retreat and/or who do not submit written notification of cancellation by the dates prescribed, will be dropped from the Academy and forfeit the full \$600.
- Even though circumstances arise, if participant misses more than one (1) session, she will not graduate from the Academy, and no portion of the tuition will be refunded.
- NCBW will not hold in reserve any tuition paid by participants who voluntarily or involuntarily withdraw from the Academy. Tuition will be refunded/not refunded based on the Cancellation, Refund and Forfeiture Policy.
- I am knowledgeable of and understand the **Cancellation, Refund and Forfeiture Policies** and agree to abide by the terms of each.

I recognize that this is a rigorous program designed to broaden my personal and professional leadership skills. I will strive to do my best to complete the assignments given to me in preparation for taking on future leadership role of the National Coalition of 100 Black Women to ensure the organization's longevity and sustainability to advocate for Black women and girls.

Signature_____ Name (Print)_____

Chapter_____ Position Held_____

Date_____

NCBW 100 LEAD ACADEMY EMPLOYER ACKNOWLEDGMENT STATEMENT



NCBW
100

NCBW 100 LEAD Academy Employer Acknowledgment Statement

(To Be Completed By Immediate Supervisor)

I acknowledge the application of my employee _____ as a candidate for the National Coalition of 100 Black Women, Inc. NCBW 100 LEAD Academy (hereinafter the “Academy”).

I understand the Academy course schedule is June 1, 2018 – October 12, 2019, that it requires a 15-month commitment from this employee and that the majority of the curriculum will be accomplished by the employee on her own time. My signature below indicates my intention to facilitate her participation in this program if she is selected.

I also understand that some scheduling flexibility will be necessary to allow her to be fully involved in the program including attending the following events:

- Leadership Retreat; June 6-9, 2018; Dallas, TX
- Leadership Retreat; January 23-26, 2019; San Francisco, CA
- Biennial Conference; October 9-12, 2019; Atlanta, GA
- Up to four On-Site sessions in Atlanta, GA.
Sessions will be held on Fridays and Saturdays

Signature _____ Name (Print) _____

Company’s Name _____ Title _____

Date _____

Comments: _____

Member Acknowledgment:

Signature _____ Name (Print) _____

Company’s Name _____ Title _____



NCBW
100

Date _____

MEDICAL RELEASE FORM

Participation in the NCBW 100 LEAD Academy (hereinafter the “Academy”) will require occasional travel away from participant’s home base. In instances where a participant has a chronic illness, food allergies, or require certain maintenance medications, it is important for the National Coalition of 100 Black Women, Inc. to be aware of this information should a medical emergency arise. Providing medical information is strictly voluntary, however, understand that if a medical emergency occurs, having this information on file to provide to first responders will be beneficial to the participant.

In consideration of my participating in the Academy, I do hereby for myself, National Coalition of 100 Black Women, Inc. (NCBW), trainers, staff and other associated with this program, waive, release, and forever discharge any and all rights and claims for damages, or injury to my person or property arising out of my participation in the Academy program.

- Do you wear a medical alert bracelet or necklace? No Yes

If yes, describe _____

- Do you have food allergies? No Yes

If yes, list _____

- Do you have any dietary restrictions (diabetic, food allergies)? No Yes

If yes, describe _____

- Do you have a medical condition such as diabetes or asthma? No Yes

If yes, list (disclosure optional) _____

- Do you have prescribed maintenance medicines that you take regularly such as insulin, high blood pressure medication? No Yes If yes, list

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize and consent to any first aid, medication, or other medical treatment necessary in case of emergency. No Yes.

In case of emergency contact:

Name _____ Relationship to Participant _____

Primary Telephone Number

Secondary Telephone Number

Name of Primary Care Physician

Telephone Number

Applicant's Signature

Date