# *LeaderForward Academy Application*
# *2020-2021 Cohort - Educators*

## Contact Information

**Participant Name**_____ **School Name**_____

**Position**_____ **Years in position**_____

**Email**_____ **Cell**_____

**Supervisor Name**_____ **Position**_____

**Email**_____ **Phone**_____

## Education

**Degree**_____

**Degree**_____

## Business/Professional Organizations (Last 5 Years)

| **Organization** | **Leadership Position** |
|---|---|
| **1.** _____ | _____ |
| **2.** _____ | _____ |
| **3.** _____ | _____ |

## Community Involvement (Last 5 years)

| **Organization** | **Leadership Position** |
|---|---|
| **1.** _____ | _____ |
| **2.** _____ | _____ |
| **3.** _____ | _____ |

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## Awards, Honors, Achievements (Last 5 years)

**List any honors, awards, or achievements from your professional career and/or community service**

_____
_____
_____

## What do you hope to gain as a member of this cohort?

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## What do you see as the most challenging aspect of achieving a promotion?

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## What are some additional duties, projects, boards, committees that you could serve on to better serve the organization and develop leadership skills?

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## Tuition and Funding

Once accepted into the LeaderForward Academy, your sponsor agency will be billed $5000 for the tuition fee. That fee covers all materials, event space, refreshments, individual coaching, facilitation, assessment, and travel. Invoices will be sent to the district office after applications are received.

*Early bird pricing of $4000-To receive early bird pricing Administrators must notify ThriveOn Concepts of their intent to enroll on or before July 15, 2020.

## Supervisor Commitment (e.g., Principal)

I fully support the application of _____
to participate in the LeaderForward Academy. I will ensure that they will be provided the necessary time, resources, and access for full participation. I will serve as their accountability partner for project completion and provide valuable feedback. Additionally, I will attend the graduation ceremony to show my support and celebrate their growth.

Supervisor Signature_____

District contact for invoicing _____

## Participant Commitment

If selected as a participant in the program, I am fully committed to participating in the orientation, all cohort sessions as well as individual coaching sessions.

*If you think that you might have work, family, transportation, or motivation conflicts please do not sign. Your cohort is depending on you to be fully present and participate. This program will not be one that you can just show up for and wing it, there will be work between sessions!

Participant Signature_____

## Deadline for Applications is August 5, 2020

When selected, participants will be notified by their supervisor. If you have any question about the program or need additional information, please contact Brian Graves at 816-214-8084 x 3 or brian@thriveonconcepts.com
Completed and signed applications should be sent to brian@thriveonconcepts.com or iyabo@thriveonconcepts.com

***Appropriate COVID-19 risk assessment will be completed prior to the in-person session on September 2, 2020, to ensure compliance with state and local guidelines.***