



AAAE Leadership Academy Application

Participant's Information:

Name: _____

Job Title/Academic Rank: _____ Email Address: _____

Department: _____ Cell Phone: _____

Institution: _____ Work Phone: _____

Work Address 1: _____

Work Address 2: _____

Work Address 3: _____

City/State/Zip Code (work): _____

Number of years employed in a post-secondary institution: _____

Number of consecutive years as an AAEE member: _____

Participation Approval:

Formal endorsement from your immediate supervisor is required for the application to be processed. Enter the information below and have your supervisor sign this application to endorse your participation.

Chair/Dean/Director/Administrator's Name: _____

Title: _____ Institution: _____

Telephone Number: _____ Email Address: _____

Address 1: _____

Address 2: _____

Address 3: _____

City/State/Zip Code: _____

What is your AAAE Membership Region?

North Central

Southern

Western

A. Submit your answers to the items below in a separate document in PDF format. Your answers to the items that follow will assist the AAAE Fellows in adjusting the content on the program, determining mentors, and working with participants based on their goals and reasons for participation.

Please limit answers for each question to 500 words.

- 1. How would your participation in the AAAE Leadership Academy benefit you?**
- 2. How will your participation in the AAAE Leadership Academy benefit your institution?**

B. Narrative Biography:

Please provide a biography (less than 150 words), and include your favorite leadership quote. This information and your photo (to be submitted at a later date) will be included in a participant directory.

C. Curriculum Vita (CV):

Attach a PDF copy of your full vita.

Applicant Agreement:

If accepted to the AAAE Leadership Academy, I agree to participate in all face-to-face and online sessions in the program.

Signature

Date

Supervisor Approval:

I endorse the above faculty member's participation in the 2019-2020 AAAE Leadership Academy and, if selected, agree to cover the \$300 participant fee and all travel and lodging expenses associated with the two face-to-face meetings at the 2019 and 2020 AAAE annual conferences. I understand that the meals, assessments, and program materials will be paid with participant fees and funds allocated by AAAE.

Signature

Date