**Appendix H**

**Sample Application Form**

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| **APPLICANT INFORMATION** |
| **Name:** |
| **Membership Number:** |
| **Email:** |
| **Address:** |
| **The contact address provided is my:** \_\_\_ Home \_\_\_ Office |
| **Daytime Phone:** |
| **Evening Phone:** |
| **Mobile Phone:** |
| **EDUCATION AND INTEREST BACKGROUND** |
| **Years of [State Association] Membership:** |
| **Certification:**  \_\_ Audiology  \_\_ Speech  \_\_ Dual  \_\_ Not Certified |
| **Work Setting:** |
| **Volunteer Service:**  \_\_ YES, I have served. (Note: Members are allowed to have served, but not as Chair or a member of the Board of Directors.)  \_\_ NO, I have NOT served on a [State Association] committee/board/council, standing or ad hoc. |
| **LEADERSHIP STATEMENT AND PROJECT** |
| **Leadership Statement**  Describe your goals as a leader, and provide an example of a professional or volunteer project in which you either had a leadership role or provided leadership in some capacity. [500 words or less] |
| **Leadership Project**  Describe an idea or project that this training may help you implement during the yearlong program that relates to your work setting or another professional arena (e.g., state association, related professional organization, etc.). Please provide a framework or steps on how you will proceed in accomplishing your project goal. [500 words or less]  **NOTE:** While [State Association] encourages participants to use their leadership skills to collaborate with various stakeholders associated with their projects to accomplish project goals, participation in the LDP does not imply ASHA’s endorsement or official support of participants’ projects. Prior [State Association]’s approval must be obtained before using [State Association]’s name on any communications associated with participation in the Leadership Development Program. Please contact [Contact Person, Email Address] if you have questions about the possibility of using [State Association]’s name in your efforts to gain visibility for your project. |
| **ACKNOWLEDGEMENT** |
| **Employer/Supervisor Support**  \_\_ I understand, the need to seek my employer’s support, if applicable, to my participation in the program. |
| **Employer’s Contact Information (Optional)**  Name:  Daytime Phone:  Email Address: |
| **Acknowledgement and Agreement**  By checking **YES** in the box below, I acknowledge that if I am selected to participate in the Leadership Development Program, I agree to fulfill **ALL** program requirements, including:   * Participation in and completion of the pre- and post-workshop activities * The full day workshop on [Date] at [Location] * The personal leadership project * All LDP webinars * All Learning Team meetings   I also acknowledge that my participation in all of the required components is critical to the success of the program.  \_\_ YES, I agree to fulfill ALL LDP requirements. |
| **FINAL REVIEW** |
| *For use if you have an online platform. Text based on OpenWater platform; feel free to edit as needed.*  Please use the **PREV** button to double-check your answers.  If you are ready to submit your completed application, click **SAVE AND FINALIZE**. Please note: You are unable to edit your application after choosing **SAVE AND FINALIZE**.  If you have not yet completed your application, or would like to review it again before submitting it by the deadline, click **SAVE**, and close out of your browser.  Please note: Your application must be marked with **SAVE AND FINALIZE** before the [Date] deadline, or it will not be moved into the review stage.  Contact [Contact Person] at [Email] with any questions or concerns. |