

**Aspiring Leader Program Application**

**ALP 2017-1 Program Schedule ALP 2017-2 Program Schedule ALP 2017-3 Program Schedule**

Week 1 March 20-24, 2017 Week 1 Jul 24-28, 2017 Week 1 Oct 23-27, 2017

Week 2 April 24-28, 2017 Week 2 Aug 28- Sept 1, 2017 Week 2 Nov 27-Dec, 2017

**Please indicate the session you are applying for**

**Application is for:** \_\_\_ Session ALP 2017-1 \_\_\_ Session ALP 2017-2 \_\_\_ Session ALP 2017-3

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| **PART A: Applicant Information** | |
| Name |  |
| Position Series, Grade and Title |  |
| Email Address |  |
| Home Address |  |
| Work Address |  |
| Work Phone |  |
| Work Fax |  |
| Home Phone |  |
| Educational Level |  |
| Social Security Number |  |
| Total Government Employment (years) |  |
| Total Other Employment (years) |  |

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| **PART B: Applicant’s Immediate Supervisor** | |
| Name |  |
| Position Series, Grade and Title |  |
| Email Address |  |
| Work Address |  |
| Work Phone |  |

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| **PART C: Program Coordinator** | |
| Name |  |
| Position Series, Grade and Title |  |
| Email Address |  |
| Work Address |  |
| Work Phone |  |

| **PART D: Purpose for Applying**  To Be Completed by the Applicant: Please state your purpose for applying and how your participation in the **Aspiring** **Leader Program** will support your career goals. |
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| Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **PART E: Evaluation of Performance**  To Be Completed by the Applicant’s Supervisor: Please summarize the applicant's current performance. |
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| Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART F: Payment Method Information** |
| **Tuition**  $2,175 **(tuition does not include travel, meals or lodging)**  We must receive payment or payment information with this application to process the registration. Select one:  **\_\_ Credit Card:**  American Express Diners Club VISA MasterCard Government Purchase Card  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number Expiration Date Amount  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Holder’s Name Card Holder’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Holders’ Telephone Number  Card Holder’s e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **complete mailing address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_ Check or Money Order**: Attach and make payable to the Graduate School USA.  **\_\_ Organization Purchase Order**: Attach the completed Purchase Order to this application. A completed and signed government training authorization form (e.g., SF-182) can be submitted in lieu of a purchase order. |

Participants needing Special Accommodation Services are required to go to the Graduate School USA’s website and complete the **Participants Request for Special Accommodation Services** form**.** Please submit this form with the application.

Send the application package by regular mail or a logistics services company (e.g., Federal Express or UPS) to the following address:

Aspiring Leader Program, Attn: Cynthia Hawkins  
Center for Leadership and Management  
Graduate School USA  
600 Maryland Avenue, SW, Suite 301  
Washington, DC 20024-2520  
Phone: (202) 314-3580

alp@graduateschool.edu