

**Executive Potential Program Application**

Place an “**X**” in **[ ]** for the cohort for which you are applying:

|  |  |
| --- | --- |
| **[ ] EPP 2017-1** (Apr 2016 – Apr 2017)Week 1 April 17- 22, 2016 Chesapeake, VAWeek 2 August 7 - 12, 2016 Gettysburg, PAWeek 3 December 4-9, 2016 Tampa, FLWeek 4 April 9 - 14, 2017 Towson, MD **Residential – $6879 covers tuition only, not travel****Application Deadline: March 16, 2016 or until filled** | **[ ] EPP 2017-2** (Sep 2016 – Sep 2017)Week 1 September 12-16, 2016 Wash DC AreaWeek 2 January 9-13, 2017 Wash DC AreaWeek 3 May 8-12, 2017 Wash DC AreaWeek 4 September 11-15, 2017 Wash DC Area**Open to ALL – Out-of-state as well as DC area****Application Deadline: August 10, 2015 or until filled** |

|  |
| --- |
| **PART A: Applicant Information** |
| Name |  |
| Series, Grade, and Title |  |
| Email Address |  |
| Home Address |  |
| Work Address |  |
| Work Phone |  |
| Work Fax |  |
| Home Phone |  |
| Educational Level |  |
| Total Government Employment (years) |  |
| Total Other Employment (years) |  |
| Former Student of Other GSUSA Leadership Programs? | □ Aspiring Leader Program □ New Leader Program□ Executive Leader Program |

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

|  |
| --- |
| **PART C: Applicant’s Program Coordinator (from Applicant’s agency)** |
| Name |  |
| 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 discuss how your participation in the **Executive Potential Program** will support your career goals. (Box expands as you fill it) |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature |

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

|  |
| --- |
| **PART F: Payment Method Information** |
| **Tuition**  **$6,879** (Tuition does not include travel, meals, or lodging.)We must receive payment or payment information with this application to process the registration. Select one: \_\_ **Agency Purchase Order or SF-182**  Attach PO or SF 182 to this application. **Important:** **Be sure to complete Items 4 & 6 under Section C of the SF-182** \_\_ **Check or Money Order**: Attach and make payable to “Graduate School USA.” \_\_ **Credit Card / Government Purchase Card** **If paying by Credit Card, fill out everything below accept the Account number. We will call the Cardholder for that information**.

|  |  |
| --- | --- |
| Credit Card Type (MC, Visa, AmEx) |  |
| Account Number\* | We will call the Cardholder for this information. Fill out everything else.  |
| Expiration Date |  |
| Amount of Charge | $6879 |
| Name as it appears on Card  |  |
| Card Holder’s Billing Address |  |
| Card Holder’s Phone Number |  |
| Card Holder’s Email Address |  |
| Card Holder’s Signature |  |

 |

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

Email the complete application package to epp@graduateschool.edu

OR you may send the application package by regular mail or FedEx to the following address:

Executive Potential Program

ATTN: Darlene Young
Graduate School USA
600 Maryland Avenue SW, Suite 330
Washington, DC 20024-2520
Phone: (202) 314-3434

Main: (202) 314-3580