

**APPLICATION (Part 1 of 3)**  
**NEOA ARNOLD L. MITCHEM LEADERSHIP INSTITUTE**  
**2018-19**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Program: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone/Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years/Months in Current Position: \_\_\_\_\_

Please list up to three of your most recent positions prior to your current one, including dates:

\_\_\_\_\_

\_\_\_\_\_

Education - Degree(s), Date(s), Institution(s): \_\_\_\_\_

\_\_\_\_\_

• **AVAILABILITY** For which of these dates in Oct-Nov. 2018, Jan. and March 2019 are you **available**? (final dates for the 3 retreats would be selected based on majority availability)

Session 1 (2018):   -Oct 17-19   -Nov 5-7   -Nov 7-9

Session 2 (2019):   -Jan 7-9   -Jan 9-11

Session 3 (3019):   -Mar 4-6   -Mar 6-8   -Mar 13-15

• **PERSONAL STATEMENT** – complete and attach PERSONAL STATEMENT (See Part 2)

• **PROFESSIONAL REFERENCE** – provide PROFESSIONAL REFERENCE (See Part 3), either attached to this application or mailed directly by referree to Kristi Pierce, address below.

• **ALL materials must be received or postmarked by Friday, June 15, 2018**

Submit Application to: Kristi Pierce  
Managing Director College Planning Services  
American Student Assistance® (ASA)  
100 Cambridge Street, Suite 1600 | Boston, MA 02114  
P: 617.728.4608 | 800.999.9080, ext. 4608 | E: [kpierce@asa.org](mailto:kpierce@asa.org)

## PERSONAL STATEMENT (Part 2 of 3)

### NEOA ARNOLD L. MITCHEM LEADERSHIP INSTITUTE 2018-19

Please provide us with a personal statement (up to 1000 words) that describes your interest in The Arnold L. Mitchem Leadership Institute. Address the following:

1. What is your current position and what are the various leadership roles you perform?
2. What is it that you value about the work that you do and what keeps you motivated?
3. What are your professional goals now, in five years, and in ten years?
4. What are some of the strengths and challenges of your leadership style?
5. What do you hope to learn and what skills do you hope to develop at the Institute?
6. Describe your supervisor's support of your participation in The Leadership Institute and, if relevant, his/her willingness to cover the Institute fee and travel costs, and to provide leave-time. If your supervisor is not willing or able to provide such support, please explain how you intend to meet these requirements.

Please submit your personal statement on separate sheets. Sign and attach this page.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

• **NEOA Membership** - please check one:

\_\_\_\_\_ I am currently a member of NEOA

\_\_\_\_\_ I have submitted my membership form and fee for 2018-2019  
membership form: [http://www.neoaonline.org/m\\_newmember.php](http://www.neoaonline.org/m_newmember.php)

• **Optional information:** Race/Ethnicity (check all that apply)

- African American/Black

- Latino/a, Hispanic

- Asian

- Biracial/Multiracial

- American Indian/Alaskan Native

- Native Hawaiian/Pacific Islander

- White

- Other \_\_\_\_\_

**PROFESSIONAL REFERENCE (Part 3 of 3)**

**NEOA ARNOLD L. MITCHEM LEADERSHIP INSTITUTE  
2018-19**

The individual listed below is an applicant for the NEOA Arnold L. Mitchem Leadership Institute, a year-long initiative designed to provide TRIO/GEAR UP/EOP professionals with an opportunity to enhance their leadership skills and, in turn, strengthen the programs they serve. The Institute seeks individuals who have demonstrated a strong commitment to their work and who are motivated to develop their professional skills so that they might have an even greater impact at the local, state, regional, and national levels.

We ask that you provide us with a candid assessment of this applicant for this offering and his/her capacity for leadership.

Name of Applicant: \_\_\_\_\_

Referee Name/Title: \_\_\_\_\_

Connection to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Use this space and the back of the page, as necessary, for your comments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **return (by June 15, 2018) to applicant, or send directly to:**

Kristi Pierce  
Managing Director College Planning Services  
American Student Assistance® (ASA)  
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