

CENTER FOR SOCIAL INNOVATION

Please mail or fax completed application. Receipt of applications will be confirmed by email within three days. If you do not receive confirmation of receipt of your application, please contact us at the phone or fax number listed on page 6. Please complete all sections of this application in full. All information is strictly confidential. Print clearly or type.

PLEASE INDICATE THE PROGRAM FOR WHICH YOU ARE APPLYING

Dates and tuition are subject to change.

Executive Program for Nonprofit Leaders (EPNL)

Program dates: March 8 – 20, 2009

Deadline: December 1, 2008

Strategy for Nonprofit Organizations (SNO)

Program dates: April 15 – 17, 2009

Deadline: January 27, 2009

Corporate Social Responsibility:

Strategic Integration and Competitiveness (Held in Barcelona, Spain)

Program dates: April 22 – 24, 2009

Deadline: April 1, 2009

Executive Program in Social Entrepreneurship (EPSE)

Program dates: June 21 – July 3, 2009

Deadline: April 20, 2009

Business Strategies for Environmental Sustainability (BSES)

Program dates: Fall 2009

GENERAL INFORMATION

Name _____
(Dr./Mr./Ms.) (First/Given) (Middle) (Last/Family)

Male Female

Job Title _____

Company / Organization _____

Start Date of Current Job _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very important: Please include complete email address.)

PERSONAL INFORMATION

Home Address _____

City / State / Province / Postal Code _____

Country _____

Home Phone _____
(Please include country code and area or city code.)

Date of Birth _____
(Month [spell out], day, year)

Name for Identification Badge _____

Emergency Contact Name / Relationship _____

Emergency Contact Phone _____
 (Please include country code and area or city code.)

Country of Citizenship _____

List the language(s) in which you are fluent.* _____

**Applicants must be proficient in the English language. All classes and discussions are conducted in English.*

COMPANY / ORGANIZATION INFORMATION

Website Address _____

Number of Employees / Staff _____

Number of Volunteers _____
 (if applicable)

Number of People Served _____
 (if applicable)

Annual Revenue of Organization or Annual Budget for Nonprofits (in USD) _____

Is your company / organization a subsidiary or division of another company / organization?

Name of Parent Company / Organization _____

Number of Employees in Parent Company / Organization _____

SECTOR OR INDUSTRY INFORMATION (Check most appropriate box.)

Business Strategies for Environmental Sustainability applicants: If you are part of a corporation, please indicate your industry. If you are part of a nonprofit or government organization, please indicate your sector.

All other programs, use Sector information.

- SECTOR
- | | | |
|--|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Environmental | <input type="checkbox"/> Social Welfare |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Health Care | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Religious | <input type="checkbox"/> Other (please specify) _____ |

- INDUSTRY
- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Entertainment / Leisure | <input type="checkbox"/> Pharmaceuticals / Medical Devices |
| <input type="checkbox"/> Advertising / Marketing Services | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Printing / Publishing |
| <input type="checkbox"/> Aerospace / Defense | <input type="checkbox"/> Financial Services / Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Agriculture / Food / Beverage | <input type="checkbox"/> Food Services / Lodging | <input type="checkbox"/> Retail / Wholesale |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Government | <input type="checkbox"/> Software |
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Health Care Services | <input type="checkbox"/> Telecommunications / Information Services |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Legal / Advocacy Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computer / Peripherals | <input type="checkbox"/> Manufacturing / Consumer | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Construction / Engineering / Materials | <input type="checkbox"/> Manufacturing / Industrial | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Military | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mining / Metal Processing | |
| <input type="checkbox"/> Electronics / Semiconductors | <input type="checkbox"/> Petroleum / Oil / Gas | |

POSITION INFORMATION

Number of People You Manage Directly _____

Job Title of Person to Whom You Report _____

Annual Budget in Your Control (in USD) _____

What function best describes your position? (Check one only.)

- Corporate Development
- Finance / Accounting
- General Management
- Human Resources / Administration
- Information Technology
- Logistics
- Operations / Production
- Research / Development
- Sales / Marketing
- Other _____

Total Direct Compensation Including Incentive Compensation (in USD)

- Under \$50,000 (specify) _____
- \$50,000 – \$74,999
- \$75,000 – \$99,999
- \$100,000 – \$149,999
- \$150,000 – \$199,999
- \$200,000 – \$249,999
- \$250,000 – \$499,999
- \$500,000 – \$1,000,000
- Over \$1,000,000

EMPLOYMENT RECORD

List the positions you have held during the last 10 years, beginning with the most recent. Treat different assignments in the same firm as separate positions. Attach a separate sheet if necessary.

Name of Company / Organization	Position	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

EDUCATION

College / University	Degree Granted	Year Granted	Major

PROFESSIONAL EDUCATION

School / Program	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

ADDITIONAL INFORMATION

Please describe your organization's mission.

Describe your present duties and responsibilities, including information about the number of people supervised and / or volume of sales and assets managed.

What do you hope to achieve by participating in this program? In what ways do you believe the program can be most useful for you and your company / organization? Attach a separate sheet if necessary.

Please indicate the two or three most pressing challenges you face as an individual, as a leader, or as an organization.

If you are applying to **Executive Program for Nonprofit Leaders** or **Strategy for Nonprofit Organizations**, please indicate the following:

% Earned Income _____

% Contributed Income _____

If you are applying to **Executive Program for Philanthropy Leaders**, please indicate the following:

Type of Foundation _____

Amount Granted Annually (in USD) _____

Amount of Annual Grants You Oversee _____

If you are applying to **Business Strategies for Environmental Sustainability**, please answer the following:

Describe your involvement with environmental sustainability within your company or organization.

If you are applying to the **Executive Program in Social Entrepreneurship**, please answer the following:

My Organization is:

For Profit

Nonprofit

Hybrid Model _____
(please describe)

CORPORATE HUMAN RESOURCE / PROFESSIONAL DEVELOPMENT CONTACT (if applicable)

Name _____
(Dr./Mr./Ms.) (First/Given) (Middle) (Last/Family)

Male Female

Job Title _____

Company / Organization _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very important: Please include complete email address.)

BILLING INFORMATION

Tuition fees are due and payable upon receipt of an invoice, which will be emailed after acceptance decisions are made.
(Do not send payment with your application.)

Please check to use your business contact information for billing purposes.

Indicate the person to whom the invoice should be directed if you are accepted into the program.

Name _____
(Dr./Mr./Ms.) (First/Given) (Middle) (Last/Family)

Job Title _____

Company / Organization _____

Business Address _____

City / State / Province / Postal Code _____

Country _____

Business Phone _____
(Please include country code and area or city code.)

Fax _____
(Please include country code and area or city code.)

Email _____
(Very important: Please include complete email address.)

CANCELLATION POLICY

Cancellation policies and fees differ by program; see program webpages for more details. Fees may apply if cancellation notice is not received prior to the cancellation deadline. (The following must be dated and signed in order to validate application.)

 Name of applicant (please print) Signature of applicant Date

Selection of participants is based upon years of significant management experience, level within organization, and industry and geographical diversity.

PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS PROGRAM

ONLINE:

- Email newsletter** _____
 (specify)
- Search engine** _____
 (specify)
- Non-Stanford website** _____
 (specify)

ADVERTISEMENT:

- Chronicle of Philanthropy**
- The CRO**
- Ethical Performance**
- The Economist**
- Harvard Business Review**
- Other** _____
 (specify)
- Nonprofit Times**
- Stanford Business magazine**
- Stanford Magazine**
- Stanford Social Innovation Review**
- Sustainable Industries**

DIRECT MAIL:

- Received a brochure**
- Other** _____
 (specify)

I PREVIOUSLY ATTENDED:

- Another GSB Executive Education Program** _____
 (name/year)
- Executive Education Webinar** _____
 (specify)
- Stanford Breakfast Briefings**
- Other Stanford Event** _____
 (specify)
- Professional Conference** _____
 (specify)

I WAS REFERRED BY:

- Human Resources Director** _____
 (name)
- Manager/ Supervisor** _____
 (name)
- Previous Participant** _____
 (name/year)
- Met with a Stanford Representative** _____
 (name)
- Other** _____
 (specify)

SUBMIT TO

Office of Executive Education
 Stanford Graduate School of Business
 518 Memorial Way
 Stanford, CA 94305-5015 USA

Telephone: 650.723.3341
Toll Free: 866.542.2205 (U.S. and Canada only)
Fax: 650.723.3950
Email: executive_education@gsb.stanford.edu
Website: www.gsb.stanford.edu/csi

