

# CENTER FOR SOCIAL INNOVATION

EXECUTIVE EDUCATION PROGRAMS / APPLICATION FOR ADMISSION 2010

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)  Executive Program in Social Entrepreneurship (EPSE)
- Strategy for Nonprofit Organizations (SNO)  Business Strategies for Environmental Sustainability (BSES)
- Corporate Social Responsibility:  
Strategic Integration and Competitiveness (Held in Barcelona, Spain)

## 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.

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

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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.

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

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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.

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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 \_\_\_\_\_

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