

PLEASE SPECIFY SESSION DATE: January 2018

## APPLICATION FOR ADMISSION

- Please answer all questions. This application must be fully completed and signed, and the Sponsoring Statement must be received, before review by the Admissions Committee.
- Please have your sponsoring executive complete the enclosed Sponsoring Statement. This document may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.
- This is a writeable PDF. You may type directly on this form, or print it and complete it by hand. *Please type or print legibly.*

**I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** You must use [Acrobat Reader 9.0](#) or higher to complete, save, and send this form electronically.

## GENERAL INFORMATION

NAME: \_\_\_\_\_

*Last (family)**First**Middle Initial**Prefix (Mr., Ms.)**Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE: \_\_\_\_\_

MATE

FEMALE

TITLE OR POSITION: \_\_\_\_\_

DIVISION *(if applicable)*: \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_

*(P.O. boxes accepted outside U.S.)**Street**City**State/Country**Zip Code/Postal Code*

COMPANY/ORGANIZATION WEBSITE: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE TELEPHONE: \_\_\_\_\_

## LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is your second language, or if you have less than one year's experience working in an English-speaking environment, please provide a brief statement documenting your proficiency. *(The Admissions Committee also may require an interview.)*

## PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE  
Transformational Leadership Program  
Arizona Technology Council  
2800 N Central Avenue, Suite 1920  
Phoenix, Arizona 85004

ONLINE:

Applications may be submitted email:  
LeadershipTransformation@aztechcouncil.org

BY FAX:

ADMISSIONS COMMITTEE  
Transformational Leadership Program  
1.602.343.8330

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

## ORGANIZATION

Products/Services: \_\_\_\_\_

Annual Sales Volume  
(in U.S. dollars):

Number of Employees:

How many employees are under your direct supervision? \_\_\_\_\_

How many reporting levels are above you, including the chief executive officer of the parent company? \_\_\_\_\_

What is the title of the person to whom you report? \_\_\_\_\_

## WORK EXPERIENCE

Please list your positions for the past 10 years in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY

TITLE OR POSITION

FROM *Month/Year* TO *Month/Year*


PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: \_\_\_\_\_

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

WHAT OBJECTIVES DO YOU HOPE TO ACHIEVE BY ATTENDING THIS PROGRAM?

WHAT DO YOU ANTICIPATE YOUR CAREER PROGRESSION WILL BE WITHIN YOUR COMPANY IN THE NEXT FIVE YEARS?

HOW WOULD YOU CHARACTERIZE YOUR LEADERSHIP STRENGTHS AND WEAKNESSES? PROVIDE EXAMPLES AS APPROPRIATE.

WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

# EDUCATION

DEGREE (*check only  
highest level attained*):

- High School     Two-Year College     BS/BA     MS/MA     MBA  
 JD/Law     PhD     MD     Foreign Diploma     Other

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_ YEAR: \_\_\_\_\_

## HOW DID YOU LEARN ABOUT THIS PROGRAM?

Faculty / Coach

AZTC Staff

AZTC Website

Other (Specify): \_\_\_\_\_

## CANCELLATION POLICY

An invoice, due net 15 days, will be sent upon acceptance into the program. Participants who withdraw less than 30 days prior to the start of the program but before the program begins will receive a refund of registration paid less \$2,500 per person cost. If a participant withdraws after the program begins, no refunds will be issued.

*Upon acceptance, payment is required prior to the program start date.*

I have read the cancellation policy and agree to the terms stated. ***(please initial here)***

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## SPONSORING INFORMATION

The AZ Transformational Leadership Program requires that a senior executive within the organization sponsor the applicant except when the applicant is the CEO or Owner of the company. Your application must be accompanied by a Sponsoring Statement.

SPONSORING COMPANY/ORGANIZATION NAME:

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NAME:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

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EMAIL:

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## BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

NAME:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

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COMPANY/ORGANIZATION NAME:

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COMPANY/ORGANIZATION ADDRESS:

*(P.O. boxes accepted outside U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

TELEPHONE:

FAX:

EMAIL:

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*The AZ Transformational Leadership Program does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.*



## SPONSORING STATEMENT

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand. *Please type or print legibly.*

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SIGNATURE OF SPONSORING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE: You must use Acrobat Reader 9.0 or higher to complete, save, and send this form electronically.**

NAME OF APPLICANT: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

SESSION DATE: January 2018 - June 2018

This statement should be completed by a senior executive of the organization who is thoroughly familiar with the candidate and can provide a detailed, firsthand appraisal. This statement is not required if the applicant is the company's CEO or Owner.

The sponsoring employer certifies that the employee is an employee in good standing, that the employer has approved the employee's participation in the program, and that the employer will notify AZ Transformational Leadership Program Director ([LeadershipTransformation@aztechcouncil.org](mailto:LeadershipTransformation@aztechcouncil.org)) if there is any material change in the employee's status prior to the program.

To be eligible for attendance, the candidate must be an employee of the sponsoring company throughout the entire session of the *AZ Transformational Leadership Program*, and agree to return to the sponsoring organization in a managerial role upon completion of the program.

It is understood that participants will be absent from work for eleven (11) days to attend the program, and that they will not be asked to be absent from the program except for emergencies.

Please have your sponsoring executive complete this Sponsoring Statement. This document may be sent directly from the sponsoring official to the Admissions Committee or, if appropriate, may be sent together with the application.

The candidate's application will not be reviewed until both the application and Sponsoring Statement have been received.

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NAME OF SPONSORING OFFICIAL: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

PLEASE DESCRIBE YOUR OBJECTIVES IN NOMINATING THE APPLICANT FOR THE AZ TRANSFORMATIONAL LEADERSHIP PROGRAM.

WHAT DISTINGUISHES THE APPLICANT FROM OTHER INDIVIDUALS IN YOUR ORGANIZATION?

HOW WOULD YOU EVALUATE THE APPLICANT'S STRENGTHS, AS WELL AS AREAS FOR DEVELOPMENT?

## LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for active participation in the fast-moving classes and small group discussions. If English is the applicant's second language, or if he or she has less than one year's experience working in an English-speaking environment, please provide a brief statement documenting his or her proficiency. *(The Admissions Committee also may request an interview.)*

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