**APPLICATION FORM**

**for SMHS** **Fundamentals of Leadership Program for SMHS Faculty and Staff**

**Name:**

**Faculty or Staff Title:**

**Department:**

**Email: Cell Phone:**

**Please describe your current leadership role and responsibilities:**

**Please describe the project you will apply the program learning to:**

**Please describe what/how the project will specifically contribute to:**

1. Your department:
2. SMHS as a whole:

**Applicant’s Commitment:**

If selected, I will attend all sessions and complete the related pre and post session work to maximize my learning.

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

**Chair/Supervisor’s Commitment:**

I support this application and the importance of the project to the department:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_