

## **Application**

|  | In        | formation                                      |     |    |  |
|--|-----------|--|-----|----|--|
| Full Name:   |           | Date:  |     |    |  |
| Last   | First     | M.I.   |     |    |  |
| Institution Name                                   |           |  |     |    |  |
| Institution Website URL                            |           |  |     |    |  |
| Position   |           | Length of time in this position                |     |    |  |
| Number of Direct Reports                           |           | Number of People in Division                   |     |    |  |
| If in position less than five years, list previous | s positio | n below:                                       |     |    |  |
| Position   |           | Length of time in this position                |     |    |  |
| Number of Direct Reports                           |           | Number of People in Division                   |     |    |  |
|  |           |  | YES | NO |  |
| Does your current work load support the commi      | itment of | approximately 10 hours a week to this program? |     |    |  |

 What is your current level of connection or involvement with your organization's Board of Directors? (300 words)

| 2. | What do you believe are the museum leadership strengths you would bring to the group? (600 words)                                    |
|----|--|
|    |  |
| 3. | How would you describe where you are in your career in this moment, and where you hope you might be 2-4 years from now? (1000 words) |

| 4.    | What specific learning and/or experience would assist you in reaching that goal? (600 words)  |
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|       | Disclaimer and Signature  |
|       | <u> </u>  |
| If to | his application leads to the granting of a tuition waiver, I understand that false or misleading information in my olication or interview may result in my waiver being rescinded and I will be responsible for the full tuition of the |

\_Date:\_\_\_\_\_

program.

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