

Application for

Superintendent Institute

Date _____

Please print the following:
INDIVIDUAL INFORMATION

Deadline for application: AUGUST 24, 2011

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME STREET ADDRESS: _____

HOME CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ HOME E-MAIL: _____

HOME FAX: _____ CELL PHONE: _____

- FEMALE MALE
- AFRICAN AMERICAN ASIAN CAUCASIAN
- HISPANIC NATIVE AMERICAN OTHER _____

DISTRICT INFORMATION

SCHOOL DISTRICT: _____

WSTREET ADDRESS: _____ WCITY: _____ WSTATE: _____

WORK ZIP CODE: _____ WORK COUNTY: _____ WORK CO-OP: _____

NUMBER OF YEARS AS SUPERINTENDENT: _____ WORK PHONE: _____

WORK FAX: _____ WORK E-MAIL: _____

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES WHEN _____ NO

PLEASE LIST THE PERCENT OF STUDENT DEMOGRAPHICS IN YOUR DISTRICT:

- FEMALE: MALE: CAUCASIAN:
- AFRICAN AMERICAN: ASIAN: OTHER: _____
- HISPANIC: NATIVE AMERICAN:

STUDENT POPULATION:

WHAT IS THE BIGGEST CHALLENGE FACING YOUR DISTRICT?

Superintendent Institute Dates:

- **September 27-29, 2011**
- **November 30-December 1, 2011**
- **February 21-22, 2012**
- **June 18-19, 2012**

Locations:

Mt. Magazine State Park (Sept 27-29, 2011 only)

Winthrop Rockefeller Institute - Mt. Petit Jean (all other sessions)

SIGNATURE _____ DATE _____

APPLICATION NEEDS TO BE IN THE ARKANSAS LEADERSHIP ACADEMY OFFICE BY: AUGUST 24, 2011.

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**Arkansas Leadership Academy
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I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name: _____
Signature _____ printed name _____ date _____

_____ e-mail address _____ phone number _____