

The Initiative Fellows Program

Application Form Program Year 2019 - 2020

Information on applicant (Please complete information and submit all components)

Full Name: _____

Title/Position: _____

Full Company Name: _____

Employee Nominated for Fellows Program

Please check industry: _____ Healthcare _____ Financial Services

_____ Manufacturing _____ Communications _____ Education

_____ Professional Services _____ Retail _____ Technology

Other: _____

Please check discipline: _____ Human Resources _____ Legal _____ Financial

_____ Information Technology _____ Marketing/Public Relations Other:

Please check ethnicity: (optional) _____ African American/Black _____ Hispanic/Latino

_____ American Indian _____ Asian/Pacific Islander _____ Multiracial _____ Other

Please check gender: (optional) _____ Male _____ Female

Age: (optional) _____ Birthday (month & day only) _____

Business mailing address

Street: _____ Floor/Mail Stop: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

Length of employment at company: _____

Length of time in St. Louis: _____

The following information is required to be considered:

A current resume which includes:

Employment (Your responsibilities, including your level in the organization) and **Education** (Include all degrees and certificates, institution and year)

Narrative Sketch

Please provide a brief (200 word maximum) essay which is to include your affiliations and interests (e.g., volunteer activities, nonprofit boards, and professional organizations) and information not depicted in your resume.

Your application will not be processed without this information.

DEADLINE: May 10, 2019

The Initiative Fellows Program

Nomination Form Program Year 2019 - 2020

To be completed in full by the executive making the nomination. This form should be returned with the application form, narrative sketch and resume.

Information on executive making nomination

Full Name: _____

Title/Position: _____

Full Company Name: _____

Business mailing address

Street: _____ Floor/Mail Stop: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

Employee nominated for Fellows Program

Full Name: _____

Please briefly state on a separate sheet of paper your objectives in nominating your candidate for the program, which includes other initiatives you envision undertaking to invest in the development of your nominee.

Completed application must include the following information:

_____ Application form

_____ Narrative sketch

_____ Resume of candidate (w/employment and education information)

_____ Nomination form by executive making nomination

_____ Brief description of nominating objectives

DEADLINE: May 10, 2019