

Nonprofit Leadership Program

Application

(For use by admissions committee only)

If completing the PDF, hardcopy version of the application, please mail or fax completed application to:

**The Center for Civil Society
3250 Public Policy Building
Box 951656
Los Angeles, CA 90095-1656
Fax Number: 310 206 5773
Online Application Available at:
www.spa.ucla.edu/ccs**

Program Date: June 18 - 19, 2008 (application deadline: May 21, 2008)

General Information

(Items marked with * are required.)

Name of applicant* _____
(Dr./Mr./Ms.) (First/Given) (Middle) (Last)

Job title* _____

Organization/agency affiliation* _____

Division or office _____

Office address* _____

City* _____ State* _____ Zip* _____

Telephone number (with ext.)* _____

Alternate number _____

Fax _____

Email* _____

Organizational Information

Number of employees/paid staff* _____

Number of volunteers _____
(if applicable)

Annual budget of nonprofit* _____

Name of parent organization _____
(if applicable)

Organization's website address _____

*Past Professional Education

Please describe any training you have had in non-profit management or management generally (250 words max.):

*Additional Information (All responses in this section are required)

Please describe your organization's mission/objectives (250 words max.):

Where do you expect to be in your career in the next five years? (250 words max.)

Please attach a copy of your resume or CV to this application.

Cancellation and Payment Policy

Applications are due four weeks before the program start date. Qualified candidates are admitted on a rolling, space-available basis.

The cost to participate in the two-day session is \$395. The program fee covers tuition, educational materials, case materials, parking, lunches and breaks. Payment is due upon acceptance into the program.

Payment is due 10 days prior to the Session start date. Cancellations must be submitted in writing at least one week prior to the start date to receive a refund (minus the cost of course materials). Cancellations after the start of the course are subject to full payment.

Please sign and date below to authorize acceptance of the terms outlined above and certify that all the information provided is accurate.

(Name of applicant – please print)

(Signature)

(Date)