



PROFESSIONAL EXPERIENCE:

PLEASE CHECK YOUR CURRENT INDUSTRY (check one only):

Manufacturing

- Aerospace/Automotive/Transportation Equipment
- Agriculture, Food, and Beverage
- Biotechnology
- Chemicals
- Consumer Products
- Energy/Extractive Minerals
- Heavy Capital Intensive/Raw Materials Suppliers
- High Technology/Electronics
- Highly Diversified Manufacturing and Nonmanufacturing
- Machinery and Equipment
- Manufacturers
- Medical/Healthcare Devices
- Paper and Forest Products
- Pharmaceuticals
- Software
- Textiles
- Other Manufacturing

specify: _____

Nonmanufacturing

- Accounting
- Advertising
- Advocacy/Legal Services
- Broadcasting
- Commercial Banking
- Computer-Related Services
- Construction
- Consulting
- Education
- Engineering
- Entertainment/Leisure
- Environmental Conservation
- Food Service/Lodging
- Foundation/Grant making
- General Government
- Health Services
- Housing and Urban Development
- Insurance and Diversified Financials
- Investment Banking/Brokerage

- Investment Management
- Military
- Printing/Publishing
- Real Estate
- Retailing/Wholesaling
- Social Services
- Telecommunications
- Trading
- Transportation
- Utilities
- Other Communications

specify: _____

- Other Nonprofit

specify: _____

- Other Services

specify: _____

WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):

- Accounting/Control
- Engineering
- Finance
- Fundraising
- General Management
- Human Resources
- Information Services
- Law

- Logistics
- Manufacturing/Operations
- Marketing
- Medicine
- Planning
- Product Development
- Project Management
- Public Relations

- Purchasing
- Religion
- Research & Development
- Sales
- Teaching
- Other

specify: _____



Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM	Month/Year	TO	Month/Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please estimate your total years of professional experience: _____

Please describe your current responsibilities, including your level in the organization.

Please estimate your total years of service to the community/philanthropy efforts: _____

Please describe your current volunteer status and/or if you serve on any non-profit boards:



Please explain your reason for applying to this program. Also explain the value you will bring to the other women in the program.

What has been your greatest leadership/professional challenge in your career?



EDUCATION

DEGREE (*check only highest level attained*):

- BA/BS
- MS/MA
- MBA
- JD/Law
- PhD
- Foreign Diploma
- Other

UNIVERSITY:

YEAR:

FIRST OR SECOND GENERATION TO ATTEND COLLEGE (Y/N) : _____

If accepted to the program, who will be paying for it?

My company is paying tuition _____

I have a sponsor _____
(provide name of sponsor)

I am paying for the program _____

Age: _____

Household Income: _\$ _____

Head of household (Y/N) : _____

Married / Divorced / Single : _____

Number of children: _____

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If you will be paying for it, which payment plan below would you be interested in (**circle one**)?



___Basic Package \$3500 Tuition plus \$375 Material Cost

Or

___Professional Package \$4825

Tuition, Material Cost,

Executive Resume, Professional Bio, Professional Headshot, LinkedIn Analysis & Recommendations

PAYMENT /CANCELLATION POLICY

\$500 Deposit is due within 7 days of acceptance to the program plus \$375 Material Cost. \$1500 is due by July 31 and August 11. Any remaining balance is due September 30. Due to program demand and the volume of pre-program preparations, cancellations or deferrals received 14 to 30 days before the program start date will lose \$500 deposit and any Assessment Cost you may have already incurred will need to be paid. Requests received within 7 days of the program start date will lose \$500 deposit, plus an additional \$500 will be charged to your credit card. Once the program starts all applicants are responsible for the full cost of the program.



SIGNATURE OF APPLICANT:

DATE:

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

CONFIDENTIAL: The information you provide is for use by the Admissions Committee only.

PLEASE RETURN THIS APPLICATION NO LATER THAN August 24, 2018

EMAIL:

Applications may be submitted
via mail to: luzcaninobaker@me.com