



COMPANY/ORGANIZATION WEBSITE: _____ EMAIL: _____

ULTIMATE PARENT COMPANY: _____

YOUR HOME ADDRESS: _____

Street City State/Country Zip Code/Postal Code

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

PREFERRED MAILING ADDRESS: _____ BUSINESS ADDRESS _____ **HOME ADDRESS** _____

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

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

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

specify: _____

Other Nonprofit
specify: _____



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

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Control | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sales |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | <i>specify:</i> _____ |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations | |

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	<i>Month/Year</i>	TO
			<i>Month/Year</i>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____



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



What is your experience with a mentor? Have you had one?

Ethnicity _____ Are you first generation in U.S. _____



EDUCATION

DEGREE (*check only highest level attained*):

BA/BS

MS/MA

MBA

JD/Law

PhD

Foreign Diploma

Other

UNIVERSITY:

YEAR:



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

My company is paying tuition

(provide name of sponsor)

I am paying for the program

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

2018 Latina Mastery Institute: FUERTE Program	
One payment	Two Payment- Half upfront and half in week 5
\$1,000	(Must provide credit card- we will automatically charge it)
\$200 Deposit once accepted in program	\$200 Deposit

CANCELLATION POLICY

Deposit is due within 2 days of acceptance to the program. Due to program demand and the volume of pre-program preparation, cancellations or deferrals received 10 days before the program start date will result in the loss of the \$200 deposit. Requests received prior to 10 days before the program start date will receive \$200 deposit back. Once the program starts all applicants are responsible for the full cost of the program, no exceptions

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 Feb. 14, 2020

EMAIL:

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