



**2020**

# ArcHer Leadership Program

## Application for Admission

Please answer all questions. This application must be fully completed and signed before review by the Admissions Committee.

Please type or print legibly.

### GENERAL INFORMATION

NAME:

---

*Last*                                      *First*                                      *Middle Initial*

DATE OF BIRTH:

---

*Month/Day/Year*

TITLE OR POSITION: \_\_\_\_\_

DIVISION *(if applicable)*: \_\_\_\_\_

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_  
*(P.O. boxes accepted outside U.S.)                      Street                      City                      State/Country                      Zip Code/Postal Code*

COMPANY/ORGANIZATION TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY/ORGANIZATION WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ULTIMATE PARENT COMPANY: \_\_\_\_\_

YOUR HOME ADDRESS: \_\_\_\_\_  
*Street                      City                      State/Country                      Zip Code/Postal Code*

Personal Email: \_\_\_\_\_ 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
- 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 last 3 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: \_\_\_\_\_

Income: \_\$ \_\_\_\_\_ (We use this for data gathering purposes only)

Head of household (Y/N) : \_\_\_\_\_

Married / Divorced / Single : \_\_\_\_\_

Number of children: \_\_\_\_\_

--	--	--

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



- \_\_\_ One payment \$500 Deposit and \$1000
- \_\_\_ Three Payments: \$500 Deposit,  
\$500 Month One, \$500 Month Two

We accept credit cards. We can also invoice your employer.

**PAYMENT  
/CANCELLATION  
POLICY**

\$500 Deposit is due within 7 days of acceptance to the program. 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](mailto:luzcaninobaker@me.com)