



Leadership Mastery Institute: FUERTE 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.

Hello Student Applicant!

Are you ready to be pushed to your full potential? Are you ready to learn how to be strong and visible at work? Before you get started, carefully read the six criteria for the program. All six, must be a yes to apply.

Criteria 1: Are you a young woman of color in the age range of 23 -34 years old?

Criteria 2: Are you able to attend all 10 boot camp sessions from September 11 through November 13, 2021? **You can only miss 1 Saturday for a real emergency**, you will have to provide evidence; no exceptions. So that means, you must figure out travel, work, and childcare (if applicable) challenges before signing up.

Criteria 3: Are you able to be on a weekly call with your group and Mentor during the full 10 weeks?

Criteria 4: If you are asking for a scholarship, you will have to produce evidence of your annual income?

Criteria 5: Are you willing to take the coaching you will receive from Coach, Instructors, and Mentors in the program?

Criteria 6: Are you committing to doing your part in the required work that you will be assigned with a group project and presentation?

GENERAL INFORMATION

NAME:

	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
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DATE OF BIRTH: ETHNICITY: Are you first generation in the U.S.? YES NO

TITLE OR POSITION: DIVISION (if applicable):

COMPANY/ORGANIZATION NAME:
(Print Clearly)

COMPANY/ORGANIZATION ADDRESS:
(P.O. boxes accepted outside U.S.)

	<i>Street</i>	<i>City, State</i>	<i>Zip/Postal Code</i>
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COMPANY/ORGANIZATION TELEPHONE:

FAX:

COMPANY/ORGANIZATION WEBSITE:

Your EMAIL:

YOUR HOME ADDRESS:

	<i>Street</i>	<i>City, State</i>	<i>Zip/Postal Code</i>
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YOUR PHONE #:

PREFERRED MAILING ADDRESS:
(Please circle choice)

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 Mfg and Non Mfg
- Machinery and Equipment Manufacturers
- Medical/Healthcare Devices
- Paper and Forest Products
- Pharmaceuticals

Non Manufacturing

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



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 - TO (Month/Year)

Please estimate your total years of professional experience: _____

Please describe your responsibilities in your current position:

List your **current** volunteer status and/or if you serve on any non-profit boards.

ORGANIZATION	POSITION	DESCRIBE DUTIES

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

EDUCATION

DEGREE (check only highest level attained):

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

University: _____ Graduation Year: _____



LEADERSHIP EXPERIENCE

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

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

Have you had a mentor? If so, what is your experience with a mentor?

PLEASE RETURN THIS APPLICATION NO LATER THAN _____

EMAIL:

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



PAYMENT OPTIONS

If accepted into the program, who will be paying for it? (check one)

- I am paying for the tuition My company is paying for the tuition

Provide sponsor name: _____

There is a \$200 required deposit once accepted into the program.

If you are paying for it, which payment plan (below) would you be interested in? (check one)

- One Payment (\$1,000) Two Payments
Half (\$500) upfront and half (\$500) in week 5

(Must provide credit card- we will automatically charge it)

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 to cancel 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

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ Date: _____

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

EMAIL:

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