



H A C U

ASCEND PRE K-12 LEADERSHIP PROGRAM

Application for Admission/Nomination Form

Please answer all application questions and submit required materials for review by the Selection Committee.

You may complete this application for yourself or nominate someone else. Applications can be completed and sent via email or you can print this form and send regular mail. *(Please type or print legibly.)*

Minimum selection criteria are:

- *Professional Experience: At least 5 years of full-time Pre K-12 education experience.*
- *Educational Background: Completion of at least a bachelor's degree.*
- *Supervisory Experience: Currently serving in a supervisory position or 2 years of previous supervisor experience.*

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

NAME OF PERSON COMPLETING THIS APPLICATION: _____

SIGNATURE OF APPLICANT OR NOMINATOR: _____

DATE: _____

GENERAL INFORMATION

NAME OF APPLICANT OR NOMINEE: _____

TITLE OR POSITION: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

GENDER: I identify my gender as: _____

- ETHNIC ORIGIN (*check one*): Hispanic/Latino (a) Black or African American
 Native American or American Indian Asian/Pacific Islander White/Caucasian
 Other (Please specify): _____

**ASCEND
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EDUCATION DEGREE (*check only highest level attained*): BA/BS MA/MS
 MBA Ed.D. JD/Law Ph.D. MD Other (Please specify) _____

NAME OF UNIVERSITY ATTENDED: _____

FIELD OF STUDY: _____ GRADUATION YEAR: _____

WORK EXPERIENCE

List your or the nominee's positions in reverse chronological order, starting with the current or most recent one. If all positions are in the same school, please give the major promotional sequence.

NAME OF SCHOOL	TITLE OR POSITION	FROM (MM/YYYY)	TO (MM/YYYY)

PLEASE ESTIMATE TOTAL YEARS OF PROFESSIONAL EXPERIENCE: _____

† *Please include a copy of the nominee's) CV with this application.*

1. Describe your (or the Nominee's) current responsibilities, including level in the organization. (500-word limit)

2. Explain how the completion of this program aligns to your (or Nominee's) professional goals? (500-word limit)

3. What do you anticipate are the next steps in your (or the Nominee's) career progression? (500-word limit)

4. Please describe your (or the Nominee's) leadership style and anything you would like to improve in this area? (500-word limit)

5. What do you believe are the most significant issues facing Pre K-12 education professionals today? (500-word limit)

LETTER OF REFERENCE INFORMATION

The Ascend Pre K-12 Leadership Program requires that one letter of reference be completed by the current or former supervisor familiar with the candidate's character, role, and responsibilities, who can provide a detailed firsthand account of the applicant's leadership potential, skills and abilities.

REFERENCE:

Referring School Name: _____
Name of Reference: _____
Title or Position: _____
Email: _____

**Please include the letter of reference from the administrators listed above with this application.*

BILLING INFORMATION

Tuition is \$4,000 per selected participant at a HACU member school/district or \$5,000 for participants at nonmember school/district and covers all program materials, HACU Annual Conference registration and selected meals. The invoice will be emailed to the individual indicated below.

NAME:
TITLE OR POSITION:
SCHOOL NAME:
SCHOOL ADDRESS:
CITY: STATE: ZIP:
TELEPHONE: FAX:
EMAIL:

CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing at least 30 days prior to the program start date to receive a full refund. Due to program demand and the volume of program preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

I have read the cancellation policy and agree to the terms stated. (initial here):

PLEASE COMPLETE THIS APPLICATION AND SEND IT WITH SUPPORTING DOCUMENTS (CV & Letter of Reference) NO LATER THAN FRIDAY, JUNE 6, 2025 TO:

EMAIL: Applications may be submitted via email to: leadership@hacu.net

BY MAIL: Dr. Paul A. Machen II
Senior Executive Director of Professional Leadership and Student Programs
Ascend Pre K-12 Leadership Program
Hispanic Association of Colleges and Universities (HACU)
4801 NW Loop 410, Suite 701
San Antonio, Texas 78229

For questions about the status of your application or program details, please email leadership@hacu.net or call (210) 576-3229