

LA ACADEMIA DE LIDERAZGO /LEADERSHIP ACADEMY

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 send it regular mail. (*Please type or print legibly.*)

Minimum selection criteria are:

- Professional Experience: At least 10 years of full-time higher education experience.
- Educational Background: Completion of at least a master's degree.
- Supervisory Experience: Currently serving in a director or higher supervisory position or 6 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

	ICANT OR NOMINEE:		
TITLE OR POSIT	TION:		
INSTITUTION:			
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:		_FAX:	
E-MAIL ADDRE	SS:		
GENDER: I i	dentify my gender as:		
Native Americ	N (<i>check one</i>):	ic Islander 🛛 🗆 Wh	

The current institution the applicant/nominee works for is: (Please select one below.)

- □ Hispanic-Serving Institution (HSI) a nonprofit, accredited college, university, or system/district in the U.S. or Puerto Rico, where total Hispanic enrollment constitutes a minimum of 25% of the total enrollment at the undergraduate or graduate level.
- □ Emerging Hispanic-Serving Institution a nonprofit, accredited college, university, or system/district in the U.S. or Puerto Rico, where total Hispanic enrollment constitutes at least 10% of the total enrollment, or where a minimum of 1,000 Hispanic students are enrolled at the undergraduate or graduate level.
- □ Other (Please specify)_____

EDUCA	TION DI	EGREE (che	eck only hig	hest level	attained):	$\square BA/BS$	\square MA/MS	
D MBA	\Box Ed.D.	□ JD/Law	\Box Ph.D.	\square MD	\Box Other (1	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 higher education institution, please give the major promotional sequence.

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

PLEASE ESTIMATE TOTAL YEARS OF PROFESSIONAL EXPERIENCE:

[†] Please include a copy of your (or 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 the objectives and goals as they relate to you (or the Nominee) attending this program. Also describe what you think other program participants may learn from your (or the Nominee's) participation in this academy (e.g., perspectives, skills, expertise). (500-word limit)

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

4. How would you characterize your (or the Nominee's) leadership strengths and weaknesses? Provide examples as appropriate. (500-word limit)

5. What do you believe are the most formidable challenges facing college presidents today? (500-word limit)

6. Applicants who are unable to secure funding from their institution to participate in the program are eligible for consideration for a scholarship. A few applicants may be selected. Please indicate how this fellowship will support you in your career. What makes you an ideal candidate for this support? (500-word limit)

LETTERS OF REFERENCE INFORMATION

HACU's La Academia de Liderazgo requires that two letters of reference be completed by a senior executive or board member within the institution, or a colleague 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.

FIRST REFERENCE:

Referring Institution Name:		
Name of Reference:		
Title or Position:		
Email:		
SECOND REFERENCE:		
Referring Institution Name:		
Name of Reference:		
Title or Position:		

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

BILLING INFORMATION

Email:

Tuition is \$10,000 per selected participant at a HACU member institution or \$15,000 for participants at nonmember institutions and covers all program materials, HACU conference registrations and selected meals. The invoice will be emailed to the individual indicated below.

NAME:			
TITLE OR POSITION:			
INSTITUTION NAME:			
INSTITUTION ADDRESS:			
CITY:	STATE:	ZIP:	
INSTITUTION 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 & 2 Letters of Reference) NO LATER THAN <u>FRIDAY</u>, APRIL 4, 2025 TO:

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

BY MAIL Dr. Tito Guerrero, III Director HACU's La Academia de Liderazgo (The Leadership Academy) Hispanic Association of Colleges and Universities (HACU) 4801 NW Loop 410, Suite 701 San Antonio, TX 78229

For questions about the status of your application or program details, please email leadership@hacu.net or call (210) 576-3222 or (210) 576-3229