



### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Prerequisite Requirements

**Applicants are required to complete the following prerequisite training below in order to be eligible for the Leadership Academy:**

- Boot Camp  
YES NO  
I have completed the prerequisite training:

If yes, please provide the month and year you attended the training: Month: \_\_\_\_\_ Year: \_\_\_\_\_

If you are unsure that you have completed the prerequisite training, contact [shannon@ahomewithhope.org](mailto:shannon@ahomewithhope.org) for assistance.

### Current Work History

Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_ Program: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisors Phone: \_\_\_\_\_

## Licenses and Certifications

Please list any relevant licenses and certifications.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Applicant Questions

**Thoroughly answer each of the following questions on a separate Word document and submit with your application.**

1. Why are you interested in being part of the Leadership Academy?
2. What are your professional goals for the Leadership Academy? What do you hope to get out of it?
3. What do you consider to be your area of expertise? Are you willing to stay involved in an alumni group to continue support and development of the Leadership Academy?
4. How would you define your leadership style? What traits, qualities and styles do you admire in a leader?
5. Describe a problem you have solved or a problem you would like to solve in homeless services. Explain its significance to you and what steps you took or could be taken to identify a solution.

## Application Submission Checklist

- Completed Application
- Attached Word document with answered application questions
- Attached resume
- Evidence of meeting required prerequisites
- Attach a letter of support from agency leadership for your participation in the Leadership Academy
- Submit application via email to TCHC at [tchc@ahomewithhope.org](mailto:tchc@ahomewithhope.org) with the subject " Leadership Academy for Homeless Services Application"

**Note: Do not submit this application unless you have successfully completed the prerequisite requirements for this program. Incomplete applications will not be processed.**

**Applicants must be available for Leadership Academy orientation on Friday, February 15 at 1:00 p.m. (via Zoom)**

## Disclaimer and Signature

By submitting this application, I, the undersigned, verify that this application is complete, and to the best of my knowledge, all information provided is factual and true. I understand that failure to provide the requested information and required documentation could likely lead to delays in the processing of this application. I further understand that I am responsible for completing all course work and expected attend all prescheduled Zoom trainings and cohort meetings unless previously discussed with the cohort instructor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_