

**Mail This Completed Application Along With
Your Signed Agreement To
NC EPFP
3739 National Drive, Suite 100
Raleigh, NC 27612**

(Do Not Mail Application to IEL, Washington, DC.)



**The Institute for Educational Leadership,
Inc.**

**1001 Connecticut Avenue, N.W. * Suite 310 * Washington, D.C. 20036
(202) 822-8405 * FAX: (202) 872-4050 * iel@iel.org * <http://www.iel.org/>**

**EDUCATION POLICY FELLOWSHIP PROGRAM
APPLICATION**

Biographical Data

Name (last, first, middle, nickname):

Professional Title:

Division/Dept:

Organization/Institution:

Address:

Office Phone: _(_____)_____ext._____

Office Fax Number: _____(_____)_____

E-mail Address: _____

Home Address (street, city, state, zip):

Home Phone: _(_____)_____

Education

Please cite most recent institution first.

University/College	City, State	Major Field	Degree	Date

Race/Ethnicity & Gender: (We must have this information.)

Birthday Month & Day _____

How did you learn about EPFP?

Employment Experience

Please list current position first. Do not substitute this section with your resume.

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Reason for leaving:

Employment Experience (con't)

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Reason for Leaving:

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Reason for Leaving:

EPFP Outcomes

Please provide narrative responses of one page or less to each of the following questions focused on the personal and professional outcomes of EPFP.

1. What does your organization do? Whom do you serve?
2. To enhance your capacity as a leader, what are your three learning priorities?
3. How would your participation in EPFP benefit your organization?

Endorsement: To the Supervisor/Employing Agency Representative

NC EPFP Fellows participate in weekly seminar sessions conducted on-site at the Public School Forum each week on Tuesday night from 5:30 to 8:30 pm from September 14, 2010 to May 10, 2011, an overnight retreat in the fall, and attend one four-day conference that brings together Fellows from all EPFP sites. This conference is held in the early spring in Washington, DC. The program costs plus travel-related costs to the national meeting is paid by the employing agency and/or the Fellow. Your signature ensures (1) **your employee's release time for full participation in the program** and (2) **payment of program related costs, including tuition and travel for the national conference.** If you have any questions, please contact the EPFP Co-Coordinators, Jo Ann Norris, at 919-781-6833 ext.106 or by email at jnorris@ncforum.org or Kendall Jordan, 919-781-6833 ext.102 or by email at kjordan@ncforum.org no later than July 30, 2010.

Name of applicant:

Applicant's signature:

Supervisor/Sponsor's Name:

Supervisor/Sponsor's Signature:

Supervisor's Title:

Supervisor's Division/Dept:

Supervisor's Organization/Institution:

Supervisor's Office Address:

Supervisor's Office Phone: _____

Supervisor's Office Fax: _____

Supervisor's E-mail Address: _____

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NC EPFP

**AGREEMENT
OF
UNDERSTANDING**

FOR PARTICIPATION IN THE
NORTH CAROLINA EDUCATION POLICY FELLOWSHIP PROGRAM (EPFP)

With the understanding that the maximum benefits are achieved through full participation by the EPFP Fellow in **all weekly meetings, the overnight retreat in the fall, and the national conference in the spring**, the undersigned EPFP Fellow and EPFP Fellow's sponsor hereby agree that the Fellow **will participate** in all meetings, the overnight retreat, and the national conference.

The sponsor agrees that he/she will be sensitive to job assignments that may cause the EPFP Fellow to miss meetings and release the EPFP Fellow from such assignments unless absolutely necessary. The sponsor will be notified when the EPFP Fellow has missed more than three excused meetings (exceptions: emergencies approved by the co-coordinators).

The EPFP Fellow and EPFP Fellow's sponsor understand that these conditions are requisites for the EPFP Fellow to receive a certificate of completion of the program.

EPFP Fellow's Name	Date	Fellow's Signature	Date
<i>(Please Print or Type)</i>			

Sponsor's Name	Date	Sponsor's Signature	Date
<i>(Please Print or Type)</i>			