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**Return This Completed Application Along With Your Signed Agreement to:**

**NC EPFP West  
Attn: Corinne Smith**[**EPFPWest@ncforum.org**](mailto:EPFPWest@ncforum.org)

**Applications are due May 31, 2017**

2017-18 Education Policy Fellowship Program (EPFP) Application

## General

Name (first, middle, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division/Dept. (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:

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Office Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cell Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity & Gender: (Required by IEL for demographic tracking only.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday Month & Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies or Dietary Restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about EPFP?

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## Education

Please list most recent institution first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University/College** | **State** | **Major** | **Degree** | **Year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## EPFP Outcomes

Please provide narrative responses of one page or less to each of the following questions, which relate to the personal and professional benefits of EPFP.

1. What are your career goals and/or professional growth goals, and how will participating in EPFP support you in meeting those goals?
2. How would your participation in EPFP benefit your organization? Please discuss this question with your sponsor and be as specific as possible about the value you hope your participation in the program will add, or how your development through the program will help you contribute to organizational priorities.

## EPFP West Program Components

EPFP West is an immersive professional and leadership development experience. Below is a ***tentative*** schedule for 2017-18:

Fellows will participate in a variety of program sessions over the course of the year, beginning with a three day **Fall Retreat** on the history and context for public education in North Carolina in October 2017 in Raleigh. Fellows will attend two **Fall/Winter Meetings** in November and December 2017 in Boone, and join two **virtual policy sessions** on Tuesday evenings in January and February.

In the spring, Fellows will attend the annual **Washington Policy Seminar** in Washington, DC, on March 18-21, 2018, which brings together Fellows from EPFP programs across the country. Finally, the year’s capstone event will be the Spring Retreat which includes the annual EPFP **Legislative Day and Graduation** scheduled for April 2018 in Raleigh.

## Endorsement: To the Supervisor/Employing Agency Representative

Fellows are required to attend all program components listed above, including in-person and virtual sessions, retreats, the Washington Policy Seminar in March, and the Legislative Day and Graduation event in April. Travel-related costs are paid by the sponsoring organization. Your signature ensures (1) **your employee's release time for full participation in the program** and (2) **payment of travel costs for all EPFP meetings and the Washington Policy Seminar.** If you have questions, please contact Jennifer Wilson-Kearse, Director, GEAR UP and NCACHE, at 828-262-8016 or [EPFPWest@ncforum.org](mailto:EPFPWest@ncforum.org).

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Sponsor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Sponsor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Organization/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Division/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Office Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor's Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NC EPFP West**

**Attn: Jennifer Wilson-Kearse**

[**EPFPWest@ncforum.org**](mailto:EPFPWest@ncforum.org)

# AGREEMENT OF UNDERSTANDING

FOR PARTICIPATION IN THE

2017-2018 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, retreats, the national conference in the spring, and the legislative day and graduation event***, the undersigned EPFP Fellow and EPFP Fellow's sponsor hereby agree that the Fellow **will participate** in all meetings, retreats, the national conference, and the legislative day and graduation event. The sponsor will be notified if the EPFP Fellow misses more than three days of EPFP programming.

At the fall and spring retreats, Fellows will be expected to be fully present and may be unable to access email for extended periods. Therefore, the sponsor and Fellow should plan in advance to avoid pressing assignments that require Fellows to be accessible on the retreat dates.

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 and access to networks and resources available to EPFP alumni.

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EPFP Fellow's Name Fellow's Signature Date

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Sponsor's Name Sponsor's Signature Date