

Xi State Leadership Management Seminar Application

“Persist, Commit, Celebrate”

November 12 - 14, 2010

Tanasi Lodge in Townsend, Tennessee

Application Deadline: Postmarked by September 30, 2010

(Please type or print)

Date of application:

Have you previously attended the seminar?
If so, when?

GENERAL INFORMATION:

Name:

Birth date:

Address:

Home phone:

Work phone:

Cell phone:

Fax number:

Email address:

Current professional position:

(If retired, give retirement date and last professional position.)

Number of years of professional experience:

Major professional responsibilities:

Date of Delta Kappa Gamma initiation:
(month/year)

Present chapter:

Location:

Area:

DELTA KAPPA GAMMA PARTICIPATION:

(Offices, committee assignments, and service, beginning with the most recent.)

Chapter:

Area:

State:

International and/or regional:

List all area, state, regional, and/or international meetings/conventions attended:

PROFESSIONAL PREPARATION:

EDUCATIONAL BACKGROUND:

College or University:

Degree:

MEMBERSHIP, OFFICES, AND INVOLVEMENT IN PROFESSIONAL ORGANIZATIONS OTHER THAN THE SOCIETY: (Begin with the most recent. Define acronyms and initials.)

RECOGNITIONS AND SPECIAL ACHIEVEMENTS:

COMMUNITY INVOLVEMENT AND ACHIEVEMENTS: (Membership, offices, responsibilities in community organizations or voluntary service, beginning with the most recent.)

IMPACT STATEMENT: Write a paragraph addressing why you want to attend and how you would use your seminar experience to impact the Society, your school, and/or community. (250 WORDS)

HOW WOULD YOU BEST DESCRIBE YOURSELF AND YOUR LEADERSHIP TRAITS?

WHAT MAJOR CONTRIBUTIONS HAVE YOU MADE TO THE SOCIETY IN THE PAST?

ADDITIONAL COMMENTS THAT MAY BE OF VALUE TO THE INDIVIDUALS REVIEWING THIS APPLICATION:

EMERGENCY INFORMATION: The following information will be necessary should you be accepted.

Person to notify in case of emergency:

1.	Phone Number:
2.	Phone Number:
3.	Phone Number:

Please describe any medical condition(s) that may need medical attention during your participation in the Seminar.

Any special dietary needs:

Please indicate if you are a _____ smoker _____ non-smoker

Applicant's Signature:

Deadline Date: Applications must be postmarked ON OR BEFORE September 30, 2010.

Please do NOT send applications as certified mail or return receipt requested. Email Elaine Alexander at AlexanderE@rcs.k12.tn.us when you mail your packet. She will respond to your email when your application arrives. Members selected as participants or alternates will be notified by October 15, 2010. Please mail applications and references to:

**Dr. Elaine Alexander
2811 Pavilion Place
Murfreesboro, TN 37129**

Be sure to include

- (1) your signed application,**
- (2) your professional reference form, and**
- (3) your chapter president's reference form.**