



Los Angeles County
Office of Education

Region 11: Expanded Learning Technical Assistance Unit

Site Coordinator and Program Director Leadership Development Institute

DEADLINE: August 27, 2021 –OR– when maximum capacity is reached This application **MUST BE TYPED**. Handwritten applications will **NOT** be accepted.

Email to: Gevedon_Sue@lacoed.edu

| 1. PERSONAL INFORMATION | | | |
|--|---|---|---------------|
| NAME OF APPLICANT <i>(Last, First, Middle Initial)</i> | | WHAT DISTRICT/GRANTEE DO YOU SERVE AS A SITE COORDINATOR OR PROGRAM DIRECTOR? | |
| EMPLOYER NAME | | NAME OF SITE WHERE YOU ARE CURRENTLY SITE COORDINATOR <i>(for Site Coordinators only)</i> | |
| OFFICE TELEPHONE NUMBER () | CELL TELEPHONE NUMBER () | EMAIL ADDRESS | |
| NUMBER OF YEARS WORKING AS A SITE COORDINATOR OR PROGRAM DIRECTOR | | EDUCATION/DEGREE EARNED <i>(Note if you are currently enrolled in school)</i> | |
| 2. PROGRAM INFORMATION | | | |
| GRANTEE NAME <i>(i.e., District, City, CBO, Independent, Charter)</i> | | | |
| NO. OF SITE STAFF YOU CURRENTLY SUPERVISE <i>(for Site Coordinators only)</i> | NO. OF STUDENTS CURRENTLY ATTENDING YOUR PROGRAM <i>(for Site Coordinators only)</i> | PERCENTAGE OF STUDENTS ATTENDANCE GOAL REACHED LAST YEAR <i>(for Site Coordinators only)</i> | |
| PRIMARY FUNDING SOURCES <i>(check all that apply)</i> <input type="checkbox"/> ASES <input type="checkbox"/> 21st CCLC | | | |
| GRADE LEVELS YOUR SITE SERVES <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> K-8 | | | |
| NAME OF PROGRAM DIRECTOR OR IMMEDIATE SUPERVISOR <i>(Last, First, Middle Initial)</i> | | | |
| OFFICE TELEPHONE NUMBER () | CELL TELEPHONE NUMBER () | FAX NUMBER () | EMAIL ADDRESS |
| SIGNATURE OF IMMEDIATE SUPERVISOR <i>(person listed above)</i> | | | |
| NAME OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR <i>(Last, First, Middle Initial)</i> | | | |
| OFFICE TELEPHONE NUMBER () | CELL TELEPHONE NUMBER () | FAX NUMBER () | EMAIL ADDRESS |
| SIGNATURE OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR | | | |
| 3. PLEASE RESPOND BRIEFLY TO THE FOLLOWING | | | |
| a) Your three (3) greatest strengths as a Site Coordinator or Program Director (GLOWS) | | | |
| b) Two (2) to three (3) challenges you face personally as a Site Coordinator or Program Director that you want to improve (GROWS). | | | |

3. PLEASE RESPOND BRIEFLY TO THE FOLLOWING — *continued*

c) Describe the qualities that you believe demonstrate your potential to succeed as an outstanding Site Coordinator or Program Director.

d) Briefly explain why you are interested in participating in the Site Coordinator and Program Director Leadership Development Institute.

e) Describe how you will benefit from being a part of this Institute.

f) List the name and contact information for the appropriate ranking supervisor who approved the submission of your application to participate.

NAME (*Last, First, Middle Initial*) _____

EMAIL ADDRESS _____

OFFICE PHONE # () _____

4. COMMITMENT

I have reviewed the dates and commitments included in the information package and am willing to commit to meeting these.

SIGNATURE

5. PROFESSIONAL REFERENCE (*must include your immediate supervisor*)

| | |
|---|----------|
| REFERENCE 1: NAME (<i>Last, First, Middle Initial</i>) | POSITION |
|---|----------|

DISTRICT/ORGANIZATION

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| OFFICE TELEPHONE NUMBER () | CELL TELEPHONE NUMBER () | EMAIL ADDRESS |
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| REFERENCE 2: NAME (<i>Last, First, Middle Initial</i>) | POSITION |
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DISTRICT/ORGANIZATION

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