

**Site Coordinator and Program Director Leadership Development Institute**  
*(This application must be typed; it is an Adobe fillable form, and no handwritten application will be accepted.)*

**DUE DATE: September 30, 2018**  
*email to: tay\_emily@lacoed.edu*

1. PERSONAL INFORMATION			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)		WHAT DISTRICT/GRANTEE DO YOU SERVE AS A SITE COORDINATOR OR PROGRAM DIRECTOR?	
EMPLOYER NAME		NAME OF SITE WHERE YOU ARE CURRENTLY SITE COORDINATOR (for Site Coordinators only)	
OFFICE TELEPHONE NUMBER ( )	CELL TELEPHONE NUMBER ( )	EMAIL ADDRESS	
NUMBER OF YEARS WORKING AS A SITE COORDINATOR OR PROGRAM DIRECTOR	EDUCATION/DEGREE EARNED (NOTE IF YOU ARE CURRENTLY ENROLLED IN SCHOOL)		
2. PROGRAM INFORMATION			
GRANTEE NAME (i.e. District, City, CBO Independent Charter)			
NO. OF SITE STAFF YOU CURRENTLY SUPERVISE (for Site Coordinators only)	NO. OF STUDENTS CURRENTLY ATTENDING YOUR PROGRAM (for Site Coordinators only)	PERCENTAGE OF STUDENTS ATTENDANCE GOAL REACHED LAST YEAR (for Site Coordinators only)	
PRIMARY FUNDING SOURCES (CHECK ALL THAT APPLY)			
<input type="checkbox"/> ASES <input type="checkbox"/> 21 <sup>st</sup> 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 (LAST, FIRST, MIDDLE)			
OFFICE TELEPHONE NUMBER ( )	CELL TELEPHONE NUMBER ( )	FAX NUMBER ( )	EMAIL ADDRESS
SIGNATURE OF IMMEDIATE SUPERVISOR (person listed above)			
NAME OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR (LAST, FIRST, MIDDLE INITIAL)			
OFFICE TELEPHONE NUMBER ( )	CELL TELEPHONE NUMBER ( )	FAX NUMBER ( )	EMAIL ADDRESS
SIGNATURE OF DISTRICT GRANT MANAGER/ORGANIZATION EXECUTIVE DIRECTOR			
3. PLEASE RESPOND TO THE FOLLOWING (please be brief)			
a) Your three greatest strengths as a Site Coordinator or Program Director (GLOWS)			
b) Two to three challenges you face personally as a Site Coordinator or Program Director that you want to improve on 2018-19 (GROWS).			

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 being chosen to participate in the Site Coord. and Program Director Leadership Development Institute.

e) Describe how you believe you will benefit from being in this project.

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 during 2018-19.

SIGNATURE:

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

**Reference 1:** Name (LAST, FIRST, MIDDLE INITIAL)

POSITION

DISTRICT /ORGANIZATION

OFFICE TELEPHONE NUMBER

( )

CELL TELEPHONE NUMBER

( )

EMAIL ADDRESS

**Reference 2:** Name (LAST, FIRST, MIDDLE INITIAL)

POSITION

DISTRICT/ORGANIZATION

OFFICE TELEPHONE NUMBER

( )

CELL TELEPHONE NUMBER

( )

EMAIL ADDRESS