



NEIGHBORHOODS RISING

PLEASE COMPLETE THIS FORM WITH ALL INFORMATION REQUESTED FOR EACH SECTION.

Name:	Company/Organization:	Job Title:	
Home Address:	Home City:	State:	Zip:
Home Telephone:	Home E-Mail Address:	Cellular Telephone:	
Work Address:	Work City:	State:	Zip:
Work Telephone:	Work E-Mail Address:	Work Fax:	

For written communication, would you prefer that we use your home or work mailing address? Home Work

For electronic communication, would you prefer that we use your home or work email address? Home Work

PLEASE INCLUDE A CURRENT RESUME WITH THE SUBMISSION OF YOUR APPLICATION.

OTHER CONSIDERATIONS

What skills or knowledge do you hope to gain from Neighborhoods Rising?



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Please share something about yourself that we would not learn from reading your resume:

EXPECTATIONS

Neighborhoods Rising is a 5-month experience comprised of 10 evening sessions starting in February, a half-day Saturday Opening Retreat in February, a half-day Saturday Closing Retreat in June and a graduation ceremony.

Commitment to participating in Neighborhoods Rising centers on involvement in all retreats, class sessions and graduation. Attendance is strongly encouraged for the sessions and graduation. Missing more than the equivalent of 2 sessions will jeopardize a participant's eligibility for graduation.

TUITION

The Neighborhoods Rising tuition and all program related expenses are supported through generous grants by Excellus BlueCross BlueShield and Price Chopper's Golub Foundation.

APPLICANT AGREEMENT

I have read and understand the commitments required of Neighborhoods Rising. I am willing to attend all required sessions/functions of the Center for Leadership Excellence/Neighborhoods Rising and devote the time necessary to be a contributing member of the class. I understand that if I fail to meet these obligations I will not be permitted to graduate from Neighborhoods Rising.

Applicant Signature

Date

Please check each box to ensure application includes:

complete form *all appropriate signatures* *updated resume*

Return Application to:

email | cle@mvcc.edu

mail | Center for Leadership Excellence

1101 Sherman Drive | Utica NY 13501