

# 2018 ETV LEADERSHIP ACADEMY PROGRAM OVERVIEW and APPLICATION

The Georgia ETV Leadership Academy will take place in multiple locations across Georgia, beginning and ending at Rock Eagle 4-H Camp near Eatonton, Georgia. During the 4 day experience, participants will travel across the state in a charter bus and will visit multiple locations across Georgia that are important to the economic, educational, and overall wellbeing of the state. At the same time, participants will have the opportunity to examine personal leadership traits and skills with the goal of building their leadership abilities to address complex issues in the state.

## PROGRAM DETAILS

**DATES:** July 31st - August 3rd, 2018

### ELIGIBILITY REQUIREMENTS (TO BE ELIGIBLE, A STUDENT MUST):

- Receive ETV funds
- Have completed at least one year of school at a postsecondary institution
- Be in academic good standing with the ETV program (not on probation)
- Be able to participate in the entire 4 day program

### ITINERARY:

Day 1: Arrive at Rock Eagle (near midday)

Day 2: Depart Rock Eagle; overnight in South Georgia (specific location to be determined)

Day 3: Depart South Georgia hotel; overnight in Savannah

Day 4: Depart Savannah; return to Rock Eagle for completion of the program (late afternoon)

#### *Important Notes:*

- The program begins and ends at Rock Eagle 4-H Camp near Eatonton, Georgia. Participants may leave vehicles at Rock Eagle for the duration of the program.
- Final hotel locations will be determined based on availability

### APPLICATION INSTRUCTIONS:

- This application contains 3 parts:
  - Page 1 is the overview and checklist (this page).
  - Pages 2-3 are the application form for participants. Please read all instructions and print legibly!
  - Page 4 is the ILS Signature page.
- The application can be submitted together or separately by participants and their ILS

### APPLICATION CHECKLIST (All applications must include the following items)

- APPLICATION (Participant)
- TRANSCRIPT Attach a current transcript to this application. An unofficial transcript is acceptable.
- ILS SIGNATURE PAGE

### DEADLINE IS JUNE 15, 2018

Mail or email completed application to below address by the deadline:

ETV LEADERSHIP ACADEMY

Attn: Kate Smith

J.W. Fanning Institute for Leadership Development/UGA

1240 S. Lumpkin Street

Athens, GA 30602-3552

*ksmith@fanning.uga.edu*

### FOR MORE INFORMATION, CONTACT:

David Meyers - 706 542-5062 or Kate Smith 706 542-6109

# 2018 ETV LEADERSHIP ACADEMY APPLICATION FORM

## PERSONAL INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Sex:  M  F Gender Identity: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where Do You Attend School: \_\_\_\_\_

Year in School:  1st  2nd  3rd  4th  Other T-shirt Size:  S  M  L  XL  Other \_\_\_\_\_

Do you work during the school year?  Yes  No Business/Organization: \_\_\_\_\_

What are your primary duties? \_\_\_\_\_

## ADDITIONAL CONTACT INFORMATION

*Who is the best person for us to contact to notify you of any program updates before the program?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Who is the best person for us to contact in case of an emergency during the program?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATIONAL GOALS

What are your short term and long term EDUCATIONAL goals?

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL GOALS

What are your short term and long term PROFESSIONAL goals?

\_\_\_\_\_

\_\_\_\_\_

What is your desired career? \_\_\_\_\_

\_\_\_\_\_

## COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT

List any service activities in which you have participated (e.g. work, clubs, sports, etc). If the list exceeds the allotted space, feel free to attach an extra sheet.

*Activity/organizations                      Your role/Position                      From/To (mm/yy)                      Hours per week*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 2018 ETV LEADERSHIP ACADEMY APPLICATION FORM

## GENERAL INFORMATION and PERSONAL STATEMENT:

How did you hear about the ETV Leadership Academy? \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about life after graduation? \_\_\_\_\_  
\_\_\_\_\_

In the space below, please provide a brief statement (250 words maximum) about why you are interested in participating in the ETV Leadership Academy and how your participation will help you accomplish your goals. Please type or write legibly.

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## REQUIRED APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Applicant must read and sign below to be eligible:

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified on this application.

Applicant's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2018 ETV LEADERSHIP ACADEMY ILS SIGNATURE PAGE

Applicant's name: \_\_\_\_\_

ILS name: \_\_\_\_\_

Please complete this brief form and send/email/fax it to Fanning. All components of the application, including this nomination form, must be submitted by the postmark deadline: **June 15, 2018.**

### ILS INFORMATION

1) Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

2) DFCS Region: \_\_\_\_\_

3) Address: \_\_\_\_\_

City, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Phone: \_\_\_\_\_ 5) Email: \_\_\_\_\_

6) How would you describe the applicant? \_\_\_\_\_

7) How long have you known him/her?     <1 yr.     ≈1 yr.     <2 yrs.     2± yrs.

8) How well do you know him/her?     Casually     Fairly well     Well     Very well

9) In the space below, please provide any information about this young person that would help us as we plan this experience for all participants:

ILS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

