

**Mail This Completed Application Along With
Your Signed Agreement To
NC EPFP
3739 National Drive, Suite 100
Raleigh, NC 27612**

- Applications should be sent to Jo Ann Norris (jnorris@ncforum.org) or Kendall Jordan (kjordan@ncforum.org) at (919) 781-6833
- Completed applications must be received by the end of the business day on Friday, July 31st, 2009.
- Do Not Mail Application to IEL, Washington, DC



**The Institute for Educational Leadership,
Inc.**

4455 Connecticut Avenue, N.W. * Suite 310 * Washington, D.C. 20008
(202) 822-8405 * FAX: (202) 872-4050 * iel@iel.org * <http://www.iel.org/>

**EDUCATION POLICY FELLOWSHIP PROGRAM
APPLICATION**

Biographical Data

Name (last, first, middle, nickname):

Professional Title:

Division/Dept:

Organization/Institution:

Address:

Office Phone: _(____)_____ext._____

Office Fax Number: _____(____)_____

E-mail Address: _____

Home Address (street, city, state, zip):

Home Phone: _(____)_____

Education

Please cite most recent institution first.

University/College	City, State	Major Field	Degree	Date

Optional Information

Race/Ethnicity & Sex:

How did you learn about EPFP?

Employment Experience

Please list current position first. Do not substitute this section with your resume.

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Employment Experience (con't)

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Reason for Leaving:

Title:

Dates of Employment:

Name & Address of Employer:

Description of Duties & Accomplishments:

Reason for Leaving:

EPFP Outcomes

Please provide narrative responses of one page or less to each of the following questions focused on the personal and professional outcomes of EPFP.

1. What does your organization do? Whom do you serve?
2. To enhance your capacity as a leader, what are your three learning priorities?
3. How would your participation in EPFP benefit your organization?

Endorsement: To the Supervisor/Employing Agency Representative

Fellows generally participate in weekly seminar sessions conducted on-site and attend one four-day conference that brings together Fellows from all EPFP sites. The national conference is held in the early spring in Washington, DC. The program costs plus travel-related costs to the national meeting are paid by the employing agency and/or the Fellow. Your signature ensures (1) your employee's release time for full participation in the program and (2) payment of program related costs. If you have any questions, please contact the EPFP Co-Coordinator, Jo Ann Norris, at 919-781-6833 ext. 106 or by email at jnorris@ncforum.org.

Name of applicant:

Applicant's signature:

Supervisor/Sponsor's Name:

Supervisor/Sponsor's Signature:

Supervisor's Title:

Supervisor's Division/Dept:

Supervisor's Organization/Institution:

Supervisor's Office Address:

Supervisor's Office Phone: _____

Supervisor's Office Fax: _____

Supervisor's E-mail Address: _____

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NC EPFP

**AGREEMENT
OF
UNDERSTANDING**

FOR PARTICIPATION IN THE
NORTH CAROLINA EDUCATION POLICY FELLOWSHIP PROGRAM (EPFP)

With the understanding that the maximum benefits are achieved through full participation by the EPFP Fellow in **all meetings and the national conference**, the undersigned Fellow and Fellow's sponsor hereby agree that the Fellow will participate in all meetings and the two national conferences.

The sponsor will be sensitive to job assignments that may cause the Fellow to miss meetings. The sponsor will be notified when the Fellow has missed more than three meetings (exceptions: emergencies approved by the coordinators).

The Fellow and Fellow's sponsor understand that these conditions are requisites for the Fellow to receive a certificate of completion of the program.

Fellow's Name (Please Print or Type) Fellow's Signature and Date

Sponsor's Name (Please Print or Type) Sponsor's Signature and Date