



Leadership Development Program Application

All Applications Must Include:

1. A complete application form.
2. A current resume
3. A letter of recommendation from your current employer

Name:

Station:

Group:

Office Address:

City:

State:

Zip:

Office Phone:

Cell Phone:

Office email:

Current Position:

Number of years in the Industry:

Please answer the following questions on a separate sheet of paper:

- 1. What are your short and long-term career goals?**
- 2. Describe any opportunities/challenges you are facing in your current position.**
- 3. What leadership skills would you like to develop and enhance?**
- 4. List any awards and/or recognition you have received in your broadcasting career.**

NABEF offers fellowships to help foster and encourage diversity in broadcasting. Women, people of color and individuals of other underrepresented groups in the broadcast industry may apply. The fellowship covers the cost of the program fees and hotel accommodations. To apply, please answer the following question on a separate sheet of paper

5. How will receiving this fellowship enable you to reach your career goals?

Please attach resume.

Please attach letter(s) of recommendation from your current employer.

Fees: (Please select one.)

- \$1,100.00** (hotel included)
- \$750.00** (hotel not included)

*Please contact Amanda Smith at (202) 429-5424 to make credit card payment arrangements. Checks can be mailed to: **National Association of Broadcasters Education Foundation, 1771 N Street NW., Washington DC 20036.**

NOTE: Program fees and related travel expenses may be deductible as company educational expenses. Ask your financial advisor for more information.

Cancellation Policy

Cancellations received by October 17, 2011, will be assessed a \$495 administrative fee. Cancellations between October 18 and October 31 will be subject to a 75% penalty charge. No reimbursement will be made for cancellations after October 31. NAB reserves the right to cancel any programs and assumes no responsibility for personal expenses.

I certify that the information I have included with this application is true to the best of my knowledge.

Name (Print):

Name (Signature):