

Leadership Academy

Training the future stewards of our San Gabriel Mountains, Rivers and Communities

**Winter 2015 – Summer 2015 Academy Class**

**Participant Application**

This is a competitive grant program to support the work and need of organizations that meet the following criteria:

1. Individuals must have demonstrated a commitment to the San Gabriel Mountains Forever campaign, coalition and related work for the San Gabriel Mountains, Watershed and Valley.
2. Individuals must have demonstrated work and volunteer experience in the San Gabriel Valley and greater Los Angeles-region.
3. Applicant must live in the San Gabriel Valley or within the greater Los Angeles-region.

**Applications due November 25, 2014 at 5 p.m.**

[**George\_sanchez@tws.org**](mailto:George_sanchez@tws.org)

**SGMF Leadership Academy Application**

**c/o**

**The Wilderness Society**

**714 W. Olympic Blvd., Suite 614**

**Los Angeles, CA 90015** Contact Information

Full Name:

Home Street Address:

City:

State:

Zip:

Home Phone:

E-mail:

Work Organization:

Position:

Office Street Address:

City:

State:

Zip:

Home Phone:

E-mail:

Please send all direct mail communications to my (please circle one): Office or Home address

Please send all e-mail communications to my (please circle one): Office or Home e-mail address

*Please select an annual income bracket that best describes your current income level (OPTIONAL)*.

0 - $11,000

$11,000 – $24,000

$24,000 – $48,000

$48,000 - $68,000

$68,000 – $96,000

$96,000 - $120,000

$120,000 - $150,000

$150,000 +

*Please Select Highest Education Level Completed (OPTIONAL)*:

Elementary School

High School

Specialized Program

Technical Education

Higher Education:

Associate Bachelors Masters Doctorate

*Please Select Ethnic Identity (More than one selection is acceptable)(OPTIONAL)*.

African-American

Asian Pacific-Islander

Hispanic/Latino/Chicano

Native American

White

Other:

Civic/Community Activities - please list current or more recent first

Organization:

Phone or Web site:

Position Held:

Dates Active:

Organization:

Phone or Web site:

Position Held:

Dates Active:

**Please answer the following questions in 250 words or less.**

1. What do you consider your most important accomplishment?

2. What types of volunteer leadership activities would you like to become more involved in the future?

3. What skills and experiences do you believe you have to offer the San Gabriel Mountains Forever Leadership Academy class?

4. What do you hope to gain from your participation in the San Gabriel Mountains Forever Leadership Academy?

5. Each participant in the academy is eligible for a grant to organize a community project. In 500 words, or less, describe a project you would consider and explain its significance to your community.

**Time Commitment**

In order to accomplish San Gabriel Mountains Forever Leadership Academy objectives, the full participation of each individual is essential. Expected participation includes all classes in this session. **Participants are required to attend at least 80 percent** of all scheduled seminars in order to graduate. It is expected that each participant will continue his/her involvement with the San Gabriel Mountains Forever campaign and sponsor organization after graduation.

By initialing below, I understand and agree to adhere to the required time commitment for the San Gabriel Mountain Leadership Academy, and I have the full backing of my sponsor organization.

Initials of Applicant:

Date:

**Financial Assistance**

Limited financial aid is available for candidates who demonstrate a clear need for assistance.

Will you be requesting financial aid (please circle one)? Yes OR No

If you selected yes above, please indicate the amount of financial assistance you will need (there are only a limited number of partial scholarships available, and will not exceed $1000 to cover transportation and childcare services. Scholarships are awarded based on demonstrated financial need)

Amount requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In four to five sentences, please indicate why you are requesting financial assistance. Please be as specific as possible.

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