

# **2020 Entrepreneur Leadership Program for Multicultural Women Phase 2 –**

# **Submission by 8/23**

# **Final Selection notification 9/06**

*APPLICATIONS ARE CONSIDERED ON A FIRST COME, FIRST SERVED BASIS*

*ONCE ALL SEATS HAVE BEEN FILLED, APPLICATIONS WILL NO LONGER BE ACCEPTED*

**APPLICATIONS MUST BE SUBMITTED COMPLETE VIA EMAIL OR FAX**

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| EMAILApplications may be submitted via EMAIL to:Zulema@multiculturalwomenlead.org | FAXADMISSIONS COMMITTEEMulticultural Women Entrepreneur Leadership ProgramFax # (866) 857-9879 |

**YOU WILL NEED TO DOWNLOAD AND PRINT THIS APPLICATION. BE SURE TO SIGN AND DATE IT PRIOR TO SUBMISSION.**

**GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST NAME** |  | **LAST NAME** |  | **MIDDLE INITIAL** |  |

**PERSONAL INFORMATION**

**Home Address:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| ***Street Address*** |  | ***City*** |  | ***State/Country*** |  | ***Zip/Postal Code*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home #** |  | **Mobile #** |  |

**Date of Birth: Month\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Personal Email** |  |

**PROFESSIONAL INFORMATION**

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| --- | --- |
| **COMPANY/ORGANIZATION NAME** |  |
| **TITLE/POSITION** |  |

**COMPANY/ORGANIZATION ADDRESS (P.O. Boxes accepted if outside the U.S.):**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| ***Street Address*** |  | ***City*** |  | ***State/Country*** |  | ***Zip/Postal Code*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK # & EXT** |  | **FAX #** |  |
| **WORK EMAIL** |  |
| **COMPANY WEBSITE** |  |
| **REFERRED BY** |  |

**PREFERRED CONTACT METHOD**

Mailing Address: [ ] Business [ ] Home

Contact Method *(check all that apply)*:

[ ] Work Email [ ] Personal Email [ ] Work Phone [ ] Home Phone [ ] Mobile

**RACE (check ALL that apply):**

 American Indian/Alaska Native Black/African American Caucasian Latina/Hispanic

 Native Hawaiian/Other Pacific Islander

Subgroup: *Native Hawaiian Samoan Guamanian or Chamorro Other*

 Asian

Subgroup: *Asian Indian Chinese Filipino Japanese Korean*

 *Vietnamese Other*

CONFIDENTIAL: THE INFORMATION YOU PROVIDE BELOW IS FOR USE BY THE ADMISSIONS COMMITTEE ONLY.

Please provide a brief description of your business:

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What month and year did you start/buy your business?

Are you the 100% owner? [ ] Yes [ ] No (if No,     %)

Number of full-time employees:

Number of part-time employees:

Estimated annual revenue for last calendar year:

Annual salary (including bonus) in U.S. dollars: $

Total years of professional experience.

**Community Involvement:**

1. Does your business foster human connection in the neighborhood in which it’s located?
2. Does your business (and/or you) have an active footprint in the community? Note: This doesn’t mean you need to have a bricks and mortar location, but that you’re interacting with members of the community regularly in your business.

Where do you hope to see your business in three years?

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How do you plan to make time to participate in the program?

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**ORGANIZATION**

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| --- | --- | --- |
|  | **YOUR ULTIMATE PARENT COMPANY** | **YOUR COMPANY/DIVISION** |
| **Products/Services:** |  |  |
| **Annual Sales Volume***(in U.S. dollars)* |  |  |
| **Number of employees:** |  |  |

|  |  |
| --- | --- |
| * How many reporting levels are above you, including the CEO (chief executive officer) of the parent company?
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| * What is the title of the person to whom you report?
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| * What is the industry your organization is in?
 |  |

* Please provide an organizational chart. If one does not exist, please draw one so we may understand the infrastructure of your organization. **(include as an attachment)**

**WORK EXPERIENCE**

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF COMPANY** | **TITLE / POSITION** | **FROM (Month/Year)** | **TO (Month/Year)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| * Annual salary (including bonus) in U.S. dollars
 | **$** |
| * Total years of professional experience
 |  |

**Provide a brief description of your organization and business unit. What does your organization do? What are the specific functions and responsibilities of your business unit/department?**

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**Current job responsibilities, including your level in the organization**

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**What are 3 objectives you hope to accomplish by participating in this program? How will reaching these objectives further your career?**

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**What you think other program participants may learn from you (e.g., perspectives, skills, expertise)?**

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**What are the most formidable challenges facing your organization and/or business unit?**

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**What are the challenges you are currently facing in your organization and/or business unit?**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS IN 200 WORDS OR LESS.**

**Why do you feel it’s important to participate in a Multiculturally based entrepreneur leadership program versus a traditional mainstream leadership program?**

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**What have been your greatest leadership/professional struggles throughout your career? How do you feel this program can help you overcome them?**

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**Admittance to the Multicultural Women Entrepreneur Leadership Program is very competitive. Tell us why you should be accepted versus someone else.**

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**EDUCATION**

**DEGREE (check only highest level attained):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | High School |  | 2-year college |  | BA/BS |  | MA/MS |  | MBA/MPA |
|  |  |  |  |  |  |  |  |  |  |
|  | JE/Law |  | PhD |  | MD |  | Foreign Diploma |  | Other (specify): |
|  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **COLLEGE/UNIVERSITY:** |  | **YEAR:** |  |

|  |  |
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| **HOW DID YOU LEARN ABOUT THIS PROGRAM?** |  |

If accepted to the program, who will ultimately be making the financial investment for this program?

**(select one)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | My employer |  | Myself |  | Partially my employer; partially myself |  | Other: |

Check the payment plan below you are interested in.

* **Entrepreneur Leadership Program for Multicultural Women accepted applicants receive an automatic scholarship of $3,000 thru The Multicultural Women Executive Leadership Foundation, The Dr. Yasmin Davidds Leadershsip Institute and their partners. \*\* Tuition below reflects scholarship of $3,000 deducted from the program cost of $12,800.**

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| **PAYMENT OPTIONS**$9,800 \*\* Tuition (Paid up front) $10,200 (Financed tuition/ payment plan\*)plus $200.00 graduation fee\*\* to be paid in July 20202 |
| **[ ] OPTION 1:** |  |  | **[ ] OPTION 2:** |
| \*\*$9,800I am paying full tuition up frontPaid in full before start of program |  | $10,200I am financing tuition/Payment PlanFinanced Plan\* Payment Plan\* |
| If you are interested in one of the financing options, or have questions about tuition fees, please contact us @ Financing@multiculturalwomenlead.org Financing fees are to be paid by loan applicant. |
|  If interested in applying for a partial scholarship, please contact us @ Financing@multiculturalwomenlead.org  |
| \*Dependent on credit approval. Failure to meet Payment Plan Arrangements will result in additional charges.  |
| \*\*Graduation fee is not included in tuition amount. Fee is due July 2020. Tuition Paid in Full Up Front $9,800 Payment Plan Tuition $10,200Payment Plans for Phase 2Plan 1Deposit of $2,550 due September 22Payment 1 $2,550 November 15Payment 2 $2,550 February 15Payment 3 $2,550 May 15Plan 2Deposit of $2,550 due September 22Payment 1 $1,275 due November 15Payment 2 $1,275 due December 15Payment 3 $1,275 due February 15Payment 4 $1, 275 due April 15Payment 5 $1,275 due June 15Payment 6 $1,275 due August 15 |

**CANCELLATION POLICY**

Due to program demand and the volume of pre-program preparation, cancellations or deferrals received up to 60 calendar days after acceptance into the 2020 cohort are subject to one half of the program fees. Any requests or deferrals after 60 calendar days after acceptance into the 2020 program will result in non-refundable program fees.

**CHECKLIST – Ready to submit? Please take a moment to ensure the below is included in your application.**

1. Completed Application

*By typing my name below, I certify that all the information and accompanying material provided in connection with this application is authentic and accurate.*

SIGNATURE OF APPLICANT

DATE