

CHABAD SCHOOL LEADERSHIP PROGRAM

— PARTICIPANT APPLICATION FORM —

Please email your completed form to c.rose@mymef.org or mail to MEF offices at 411 Kingston Avenue, Brooklyn, NY 11225.

I. Personal

First Name: _____ Last Name: _____ Age: _____

Home Address: _____

Phone: _____ Preferred Email: _____

II. Professional

Name of current school: _____

Your official title or position: _____

Main professional responsibilities: _____

Grades under your care, if applicable: _____

Name of whom you report to directly: _____

Are there any other staff members in the school - either those you report to, those that report to you, or those who work alongside you - who support you in your position?

a) Name _____

Position _____

b) Name _____

Position _____

c) Name _____

Position _____

d) Name _____

Position _____

e) Name _____

Position _____

III. More about Your School

What was the number of students in your school in the past three years?

This year (5778) _____ Last year (5777) _____ 5776 _____

Which of the following statements describe your school? Check all that apply.

- All-girls
- Co-ed
- Early Childhood
- Elementary
- High School
- Comprising mainly of students from Chabad families
- Comprising mainly of students from non-Chabad families
- Other: _____

IV. More about Yourself

<i>Where did you attend...?</i>	Name of Institution	Location	Degree (if applicable)	Topics of Study
High School				
Seminary				
Other Credentials				

Describe any training or professional development in the field of education/leadership that have you completed in the past five years (please include provider, location, duration and any certification you received, if applicable).

Please attach your resume to this application, including all formal and informal educational experience.

Please answer the following questions in a separate word document and attach it to this application. Limit each answer to 100 words.

1. What are your goals for joining the School Leadership Program?
2. Please explain why you decided to become an educator.
3. What are your long-term career goals?
4. What key professional successes have you achieved in the past two years?
5. What do you consider to be main challenges you currently face in your school?

V. Training and Coaching

What professional coaching option is most suited to your needs at this time?

- Monthly coaching** - recommended for more seasoned principals who are utilizing the coaching as a means to anchor their training into actionable goals.
- Bi-weekly (twice a month) coaching** - recommended for newer principals who are prepared to commit to reflecting on and improving their practice on a regular basis. (Will have an additional cost - see full program description)

VI. References

Please provide the names of two people who can attest to your professionalism, character, and abilities as a school leader.

Name: _____ Phone: _____

Email: _____ Position: _____

Name: _____ Phone: _____

Email: _____ Position: _____

Key Application Dates

Key Event	Dates
Principal and aspiring leader applications due to MEF	8 Adar 5778 / Feb. 23, 2018
Leadership Summit 1	1-2 Iyar 5778 / April 16-17, 2018, in Pittsburgh
Leadership Summit 2	Two days in the summer, TBD, in Crown Heights
Leadership Summit 3	Two days next winter, TBD, in Los Angeles
Webinar series	At least four webinars of 90 minutes each
Local school visits	Twice, once between each leadership summit
10 or 20 coaching sessions	Ongoing throughout the school year

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for admission as may be necessary in arriving at an acceptance decision.
- I understand that this is a rigorous professional training program and commit to participate in all of the activities, complete all of the assignments, and fulfill all of the program's requirements.
- I understand the timetable of this program (listed below) and in the event of acceptance agree to participate in all elements of the program.

Signature of Applicant: _____

Date: _____

School Authorization

School buy-in for the Chabad School Leadership Program is critical as participants engage in the work of professional improvement. In order to ensure that program participants are met with the support of their administrations throughout the course of the program, we ask that a senior administrator or member of the school board signs on beforehand.

- On behalf of my school's leadership, I acknowledge and authorize _____'s participation in MEF's Chabad School Leadership Program 5778 -5779.
- I understand that this is a rigorous professional training program that requires a commitment to participate in all of the activities, complete all of the assignments, and fulfill all of the program's requirements.
- I understand the timetable of this program (listed below). Our school is willing to provide program participants appropriate learning opportunities both on- and off-site, giving them the time, flexibility and resources needed.
- I understand that the program cost is \$5,000, with schools paying \$2,800 or \$2,500 (depending on the coaching option) after an enrollment match by MEF.

Additional limited scholarships are available for schools with less than 100 students or schools that are sending more than one school leader to the program.

School Name: _____

Name of Senior School Leader: _____

Title or Position of Senior School Leader: _____

Signature of Senior School Leader: _____

Date: _____