

**New Leader Program Application**

**NLP 2019-1 Program Schedule NLP 2019-2 Program Schedule**

***Nomination Deadline: February 22, 2019\* Nomination Deadline: July 12 2019\****

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| --- | --- | --- | --- |
| Session I | Mar 25-29, 2019 | Session I | Aug 12-16, 2019 |
| Session II | Jun 24-28, 2019 | Session II | Nov 18-22, 2019 |
| Session III | Sep 23-27, 2019 | Session III | Feb 10-14, 2020 |

**\*Nomination deadlines may be closed earlier if program is filled**

**Please indicate the session in which you are applying:**

**Session NLP 2019-1 Session NLP 2019-2**

|  |  |
| --- | --- |
|  | |
| **PART A: Applicant Information** | |
| Name |  |
| Position Series, Grade and Title |  |
| Organization |  |
| Email Address |  |
| Home Address |  |
| Work Address |  |
| Work Phone |  |
| Work Fax |  |
| Home Phone |  |
| Educational Level |  |
| Total Government Employment (years) |  |
| Total Other Employment (years) |  |
| Are you a former participant in the Aspiring Leader Program? | Yes No |
|  |  |

|  |  |
| --- | --- |
| **PART B: Applicant’s Immediate Supervisor** | |
| Name |  |
| Position Series, Grade and Title |  |
| Email Address |  |
| Work Address |  |

Work Phone

|  |  |
| --- | --- |
| **PART C: Program Coordinator** | |
| Name |  |
| Position Series, Grade and Title |  |
| Email Address |  |
| Work Address |  |
| Work Phone |  |

**PART D: Purpose for Applying**

To Be Completed by the Applicant: Please state your purpose for applying and how your participation in the

**New Leader Program** will support your career goals.

Applicant's Signature

**PART E: Evaluation of Performance**

To Be Completed by the Applicant’s Supervisor: Please summarize the applicant's current performance.

Supervisor's Signature

|  |  |  |
| --- | --- | --- |
| **PART F: Payment Method Information** | | |
| **Tuition $3,379** (tuition does not include travel, meals or lodging)  We must receive payment or payment information with this application to process the registration. Select one:  **Credit Card:** American Express VISA MasterCard Government Purchase Card  $  Account Number Expiration Date Amount  Card Holder’s Name Card Holder’s Signature  Billing Address associated with the Credit Card  For the purpose of sending a receipt, please provide the following:  Card Holder’s Email Address Card Holder’s Telephone Number  **Check or Money Order:** Attach and make payable to Graduate School USA | | |
|  |  | **Agency Purchase Order:** Attach the Purchase Order to this application. A completed and signed government training authorization form (e.g., SF-182) can be submitted in lieu of a purchase order. |

Participants needing Special Accommodation Services are required to go to the Graduate School USA website and complete the **Participants Request for Special Accommodation Services** form**.** Please submit this form with the application.

Send the application package by mail or email to the following address: New Leadership Program

Center for Leadership and Management Graduate School USA

600 Maryland Avenue, SW, Suite 330

Washington, DC 20024-2520

Phone: (202) 314-3580

Fax: (202) 479-6813

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