



District Leadership Program APPLICATION

1. GENERAL APPLICANT INFORMATION

Name: _____ DOB: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Phone Numbers: home: _____ Mobile: _____

Email Address: _____

Are you a United States citizen? Yes No Are you a DC Resident? Yes No

2. EDUCATION

You must submit an official sealed transcript from your current educational institution with your application. Identify below the educational institution you are currently attending.

Name of College/University: _____ Major: _____ GPA: _____

Location: _____ Diploma: _____
(City) (State) Expected Graduation Date:

Class Status: (latest year completed) Sophomore Junior Senior Graduate – Year: 1st 2nd 3rd

3. SKILLS

List office skills and identify proficiency in any computer software applications (e.g. Microsoft Word, Excel, etc.)

4. HONORS, AWARDS AND OTHER RECOGNITION OF ACHIEVEMENT

Type of honor, award, or recognition and date received.

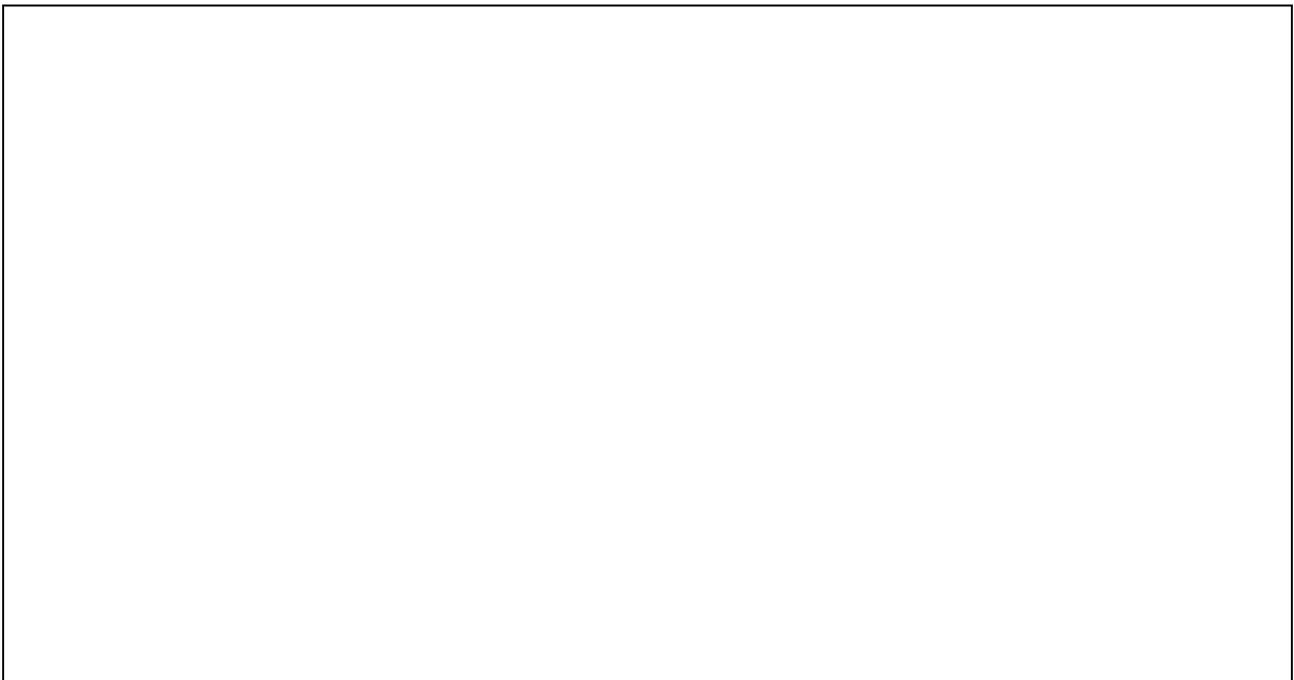
5. ESSAYS

Please respond to each of the following three (3) essay questions, keeping in mind that there are no ‘right’ or ‘wrong’ answers. Note that your responses will be evaluated, in part, based upon the: (1) grammatical context; (2) spelling; and (3) substantive content of your statements. In summary, focus your answers to thoughtfully respond to each question in a clear and concise manner.

1. What about the District Leadership Program interest you? (300 words minimum)



2. Why should we consider you for our District Leadership Program? What uniquely qualifies you as a candidate for this program (i.e., motivation to achieve, analytical skills, ability to multi-task)? (300 words minimum)



3. What are your goals/expectations for the program? What do you seek to achieve, both personally and professionally, through your participation in the Program? (300 words minimum)

4. Why did you choose your major/career field you would like to work in? (300 words minimum)

I hereby declare that the information contained herein is correct and complete to the best of my knowledge.

Applicant's Signature

Date

Please mail completed form to: Nabavi Oliver, Program Manager
District Leadership Program
Workforce Development Administration
DC Department of Human Resources
441 4th Street, NW, Suite 330 South
Washington, DC 20001