

PROGRAM APPLICATION

Please also attach current resume/CV

Applicant Name: _____

Professional Title: _____

Organization/Institution: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Supervisor Name: _____ Supervisor Title: _____

Organizational Address: _____

City: _____ State: _____ Zip: _____

Supervisor Telephone: _____ Supervisor Email: _____

How did you learn about the Louisiana EPFP?



EDUCATION

Institution

Degree

Date Grad.



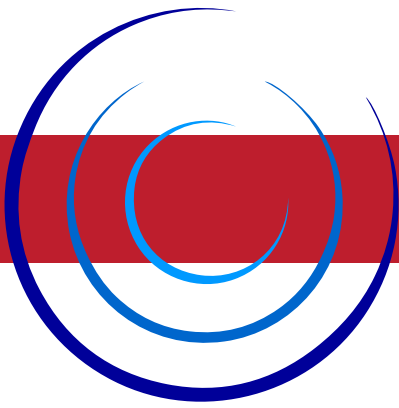
EPFP OUTCOMES

Please respond to the following questions in a separate document totaling two pages or less:

1. What inspired your passion for education, and how do you hope that the Louisiana EPFP experience will help you channel your efforts in the area?
2. To enhance your capacity as a change agent, what are your three learning priorities?
3. How would your participation in the Louisiana EPFP benefit your organization?

Please return completed application and attachment materials by **September 30, 2017**, to:

Louisiana Education Policy Fellowship Program | P.O. Box 791312 New Orleans, 70179
or email completed PDF and attachments to nahliah@opennola.org



COMMITMENT & ENDORSEMENT

The Louisiana Education Policy Fellowship Program requires a significant commitment of time and energy. Fellows generally participate in monthly activities, including an opening retreat and special seminars. There are also a number of opportunities pertaining to program content that participants are encouraged to attend.

The Washington Policy Seminar, taking place from March 18–21, 2018, increases Fellows' knowledge of national policy issues and processes and gives them a chance to explore the impact of national policy on their work. Program tuition (which includes Policy Seminar fees) is paid by the employing agency and/or the Fellow.

With the understanding that the maximum benefits are achieved through full participation in all meetings and the national conference, the Fellow and their sponsor hereby agree that the Fellow will participate fully in the program. Failure to attend mandatory sessions (opening retreat and Washington Policy Seminar) and/or more than two absences from other program activities may result in dismissal from the program, with no refunds given for programming completed up until that point.

TO BE COMPLETED BY THE APPLICANT:

Your signature affirms that:

1. You have reviewed the program requirements and arranged the necessary leave with your employer, and;
2. If selected, you can and will commit to full participation in the EPFP program.

Applicant Name: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE SUPERVISOR/SPONSOR:

Your signature affirms that:

1. You will allow your employee release of time for full participation in the EPFP program, and;
2. You will ensure payment of program-related costs, including nonrefundable tuition of \$1,500.

Supervisor's Name: _____

Supervisor's Title: _____

Signature: _____ Date: _____

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Please make all checks payable to Orleans Public Education Network. E-payments are available via Square at opennola.org/epfptuition
Contact Nahliah Webber (nahliah@opennola.org, 504.821.4004) with any questions or comments.