

THE JO ANN DAVIDSON OHIO LEADERSHIP INSTITUTE

CONFIDENTIAL APPLICATION FOR PROGRAM CANDIDACY

NAME: _____

DATE: _____

COUNTY OF RESIDENCE: _____

APPLICATION DEADLINE: June 30

Please be certain application is complete upon submission. Only complete packages will be reviewed.

As required, the following items have been included. All items must be included for application consideration.

_____ **Completed and signed application**

_____ **References Included**

_____ **References Mailed Separately**

_____ **Photo enclosed (choose one)**

_____ **On CD**

_____ **Print (no larger than 5 X 7")**

THANK YOU FOR YOUR INTEREST!

(Revised 12-14-09)

I. Criteria for Selection

Each year we select between 15 and 20 outstanding Republican women leaders in the state to receive this specialized training in politics and public service. The students are chosen by the Institute's Class Recruitment and Selection Committee and approved by the Board of Trustees after an extensive review and interview process. Program participants are selected based upon demonstrated leadership skills through employment or public service. Candidates whose applications demonstrate (1) achievement; (2) leadership ability; and (3) commitment to public/political/community service will be invited to an interview. The interview will allow the committee members to evaluate each candidate's (1) communication skills; (2) general presence; and (3) sincerity of commitment to public/political/community service and the goals of the program.

II. Instructions for Application Submission

Please send a copy of the application postmarked no later than June 30. Include in the application the following:

- A. Photo (headshot) to be used for press purposes. Please provide the photo in a digital format on CD or in a print format.
- B. Send with **two** references, completed in full, with your application, one from a fellow Republican and the other a business or civic leader. Both references must know you personally. Have references complete appropriate form which appears in the application on pages 7 and 8.

NOTE: Incomplete applications may be rejected at the discretion of the Committee. Please do **NOT** send resume or additional materials.

Mail your application to:

The Jo Ann Davidson Ohio Leadership Institute, c/o Kay Ayres,
211 South Fifth Street. Columbus, OH 43215

III. Process for Selection

If chosen as a finalist, after preliminary review of all applications submitted, the Institute will ask you to come to Columbus for a personal interview. All information submitted is confidential. Announcement of selection for the Institute will be in August.

IV. Responsibilities, if Selected

- A. Every class member will be required to attend classes, which are held one full day a month from September through May.
- B. Every class member is responsible to pay **\$300.00** tuition fee. The class member will also be responsible to pay for the cost of transportation to Washington D.C. for the final class in May. The Institute will work with you on a payment plan if requested.
- C. Please check on the line below if you would like to be considered for a scholarship.

_____ I would like to be considered for a scholarship.

NOTE: If you are interested in a scholarship, enclose a **SEPARATE** letter with your application detailing your interest and need for a scholarship.

Personal Data

Full Name:

Home Address:

City, State, Zip:

Home Phone (Include Area Code):

Cell Phone (Include Area Code):

Email Address: Business:

Home:

Age:

Date of Birth:

Current Employer:

Position/Job Title:

Business Address:

City, State, Zip:

Business Phone (Include Area Code):

Business Fax (Include Area Code):

For Press Release Purposes please provide the names and addresses (including zip) of your local newspapers:

Institute information should be sent to:

Home: _____

Business: _____

Employment History

Begin with **MOST RECENT** employer. Attach additional sheets if necessary.

1. Employer:

Position/Job Title:

Employment Dates:

2. Employer:

Position/Job Title:

Employment Dates:

3. Employer:

Position/Job Title:

Employment Dates:

4. Employer:

Position/Job Title:

Employment Dates:

5. Employer:

Position/Job Title:

Employment Dates:

Education

Please list your educational background. Begin with high school, and list chronologically.

NOTE: If necessary, attach additional sheets.

School	Completion/Graduation	Degree/Certificate
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Awards

Please list all academic honors and awards received, as well as any professional, charitable, civic or religious recognitions you've received as a result of your involvement.

NOTE: If necessary, attach additional sheets.

Organization	Leadership Positions/Honors	Date
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Questionnaire

How did you first learn about the Institute?

Why do you want to become a member of the Institute?

If selected, how will you use the training you receive?

Please give us any additional information you believe is relevant to your being selected to be a member of the Institute.

How many years have you voted?

What is the Precinct/County in which you vote?

How long have you been politically active or involved?

Have you ever been convicted of a felony or misdemeanor other than a traffic offense or minor misdemeanor?

_____ No _____ Yes If Yes, please explain.

TO BE COMPLETED BY YOUR REPUBLICAN SPONSOR

I hereby nominate _____ as a candidate for The Jo Ann Davidson Ohio Leadership Institute. I am a member of the Republican Party and am not related to the nominee.

Please explain why you feel the person you are nominating should be considered for the Institute.

Please explain how you know the nominee.

Signature

NOTE: You may have your sponsor write a separate letter. Please be sure the sponsor responds to the two inquiries above.

Sponsor's Name:

Sponsor's Address:

City, State, Zip:

Home Phone Number:

Office Phone Number:

Sponsor's Email Address: Business:

Home:

TO BE COMPLETED BY YOUR BUSINESS/CIVIC/COMMUNITY SPONSOR

I hereby nominate _____ as a candidate for The Jo Ann Davidson Ohio Leadership Institute. I am not related to the nominee.

Please explain why you feel the person you are nominating should be considered for the Institute.

Please explain how you know the nominee.

Signature

NOTE: You may have your sponsor write a separate letter. Please be sure the sponsor responds to the two inquiries above.

Sponsor's Name:

Sponsor's Address:

City, State, Zip:

Home Phone Number:

Office Phone Number:

Sponsor's Email Address: Business:

Home:

(Rev. 12-14-09)