

## The Initiative Fellows Program

### Application Form Program Year 2018 - 2019

Information on applicant (Please complete information and submit all components)

Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

#### Employee Nominated for Fellows Program

Please check industry: \_\_\_\_\_ Healthcare \_\_\_\_\_ Financial Services

\_\_\_\_\_ Manufacturing \_\_\_\_\_ Communications \_\_\_\_\_ Education

\_\_\_\_\_ Professional Services \_\_\_\_\_ Retail \_\_\_\_\_ Technology

Other: \_\_\_\_\_

Please check discipline: \_\_\_\_\_ Human Resources \_\_\_\_\_ Legal \_\_\_\_\_ Financial

\_\_\_\_\_ Information Technology \_\_\_\_\_ Marketing/Public Relations Other:

\_\_\_\_\_

Please check ethnicity: (optional) \_\_\_\_\_ African American/Black \_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Multiracial \_\_\_\_\_ Other

Please check gender: (optional) \_\_\_\_\_ Male \_\_\_\_\_ Female

Age: (optional) \_\_\_\_\_ Birthday (month & day only) \_\_\_\_\_

#### Business mailing address

Street: \_\_\_\_\_ Floor/Mail Stop: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Length of employment at company: \_\_\_\_\_

Length of time in St. Louis: \_\_\_\_\_

#### The following information is required to be considered:

##### A current resume which includes:

**Employment** (Your responsibilities, including your level in the organization) and **Education** (Include all degrees and certificates, institution and year)

##### Narrative Sketch

Please provide a brief (200 word maximum) essay which is to include your affiliations and interests (e.g., volunteer activities, nonprofit boards, and professional organizations) and information not depicted in your resume.

Your application will not be processed without this information.

**DEADLINE: May 11, 2018**