



■ **2023-2024 Application Form**

Full Name : _____

Professional Title : _____

Org./Institution : _____

Work Address : _____

Office Phone : _____ *Home County* : _____

Home Address : _____

Mobile Phone : _____ *Email* : _____

■ **Education (cite most recent experience first)**

<i>University/College</i>	<i>Degree</i>	<i>Date</i>

■ **Work Experience (please list current position first)**

Title : _____

Dates Employed : _____

Employer's Name & Address : _____

Title : _____

Dates Employed : _____

Employer's Name & Address : _____

The Employer/Sponsor Endorsement on the following page **must be completed** for the application to be considered.

Employer may be contacted.

■ Endorsements

To the Supervisor/Employing Agency Representative:

The Education Policy Leadership Program (EPLP) is a partnership between Cooperating School Districts of Greater Kansas City and AdvocacyBuild, LLC.

2023-2024 Missouri and Kansas EPLP Fellows are expected to participate in six full-day seminars in Kansas City, one overnight state policy seminar in Jefferson City or Topeka, and one national policy seminar in Washington, DC. An additional six remote access meetings – no more than ninety minutes in length – will be provided via Zoom. Failure to attend mandatory meetings, state and national policy seminars, and/or other program activities may result in dismissal from the program.

The program tuition, plus travel-related costs for the state and national policy seminars, are paid by the employing agency and/or the Fellow.

Your signature affirms (1) your employee’s release time for full participation in the program and (2) payment of program-related costs, including a program fee of \$3,000. If you have questions, please contact Dr. Kenny Southwick (EPLP Co-Director) at ksouthwick@csdgkc.org or Mr. Tyson Elbert (EPLP Co-Director) at tyson@advocacybuild.com.

■ To Be Completed By Applicant

Printed Name : [text box]
Signature : [text box] Date : [text box]

■ To be Completed by Supervisor/Sponsor

Printed Name : [text box]
Signature : [text box] Date : [text box]
Supervisor’s Title : [text box]
Org./Institution : [text box]
Office Address : [text box]
Office Phone : [text box] Office Fax : [text box]
Supervisor’s Email Address : [text box]

■ Please Return This Completed Application to:

Cooperating School Districts of Greater Kansas City
ATTN: Liz Sedlock - 4900 Main St., Suite 155
Kansas City, MO 64112

Or scan & email to lsedlock@csdgkc.org



COOPERATING SCHOOL DISTRICTS OF GREATER KANSAS CITY