I. PROGRAM INFORMATION

Name of Program: _____________________________________________________________

Name of Agency (if different): __________________________________________________

Region: _____________________________ □ Grantee  □ Delegate

Program Street Address: _______________________________________________________

City/State/Zip Code: _________________________________________________________

Telephone: __________________________ Fax: _________________________________

Email Address: __________________________ Program Website: __________________

Organization Type (check one):
□ CAP/CAA  □ Single Purpose  □ Local Government
□ Non Profit  □ Tribal Government  □ School System

Scope of Head Start Program:
Number of Children ________ Number of Centers ________ Number of Family Child Care ____
Number of Staff ____________ Home-Based Areas ________ Homes _________

Type of Community (check one):  □ Rural  □ Urban  □ Rural/Urban  □ Suburban

Services:  □ Preschool  □ Early Head Start  □ Both
II. APPLICANT INFORMATION
(IF APPLYING AS A 2-PERSON TEAM, TEAM MEMBER MUST COMPLETE SECTION III)

Name: ____________________________________________________________

Current Position: ___________________________ 
Length of time in Current Position: ________ years
(Note: Two years tenure as a Head Start manager required for admission.)

Email Address: ___________________________________________

Race/Ethnicity: (Optional)
☐ African American  ☐ Caucasian  ☐ Native American  ☐ Asian
☐ Hispanic/Latino  ☐ Pacific Islander  ☐ Other ______________

Gender: ☐ Male  ☐ Female

Educational Background:
Please list schools attended, beginning with most recent.

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<tr>
<th>Name of institution</th>
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Professional Development:
Please list any management or leadership training you have attended within the last 3 years (e.g., conferences and seminars) relating to your work as a Head Start manager.

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Employment History:
Please list other positions held in Head Start and/or related early childhood areas.

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**Leadership Involvement:**
Please list any community and/or child development organization(s) in which you are involved, including the scope and length of time of your participation. (e.g., NHSA, NAEYC, United Way, local charities, etc.) *(Note: Two years involvement in a leadership role is required.)*

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Choose one organization and describe, in detail, your leadership role:

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III. TEAM MEMBER APPLICANT INFORMATION (SKIP IF APPLYING INDIVIDUALLY)

Name: ____________________________________________________________

Current Position: __________________________________________________ Current Position: _______ years

Length of time in Current Position: _______ years

(Note: Two years tenure as a Head Start manager required for admission.)

Email Address: ____________________________________________________

Race/Ethnicity: (Optional)

☐ African American ☐ Caucasian ☐ Native American ☐ Asian
☐ Hispanic/Latino ☐ Pacific Islander ☐ Other ______________

Gender: ☐ Male ☐ Female

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IV. CO-PARTICIPANT INFORMATION

(Note: Co-Participant must be the applicant's immediate supervisor or a chairperson/executive director of an agency or organization overseeing Head Start funding and/or programming. Please note that a two-person team has only one Co-Participant. Co-Participant must be able to attend the last 2 ½ days of the program. Once named, the co-participant cannot be changed.)

Name: _____________________________________________________________________
Title: ____________________________________________________________________
Agency/Organization: _______________________________________________________
Street Address: _____________________________________________________________
City, State, Zip: _______________________________________________________________________
Phone Number: _____________________________________________________________
Email: _______________________________________________________________________

Note: Co-participant must sign Commitment Statement on page 8

V. STATEMENTS

All applicants must respond to questions 1 & 2. Two-person team applicants must also answer question 3. Limit each answer to one page, typed and double-spaced. Attach your statements to this application with your name on each page.

1. What have you found are the major challenges to delivering services to your target population? How is your program responding to these challenges, and/or what would your program like to do to meet these challenges?

2. What goals do you have as a leader and/or manager for your organization? How might the UCLA Head Start Management Fellows Program support your professional growth and development within your organization?

3. As a member of a 2-person team you will be collaborating on a strategic project to benefit your program. Please describe your working relationship with your teammate and elaborate on how the UCLA Head Start Management Fellows Program will benefit your management team.

Return application to: UCLA Head Start Management Fellows Program
                     UCLA Anderson School of Management
                     110 Westwood Plaza, Suite C305
                     Los Angeles, CA  90095-1481
                     Or send via Email – Jeanette.boom@anderson.ucla.edu

(Post marked by 4/26/19)
VI. APPLICANT COMMITMENTS

Applicant
By applying to attend the UCLA Head Start Management Fellows Program, I understand that this is an intense learning experience and I am making the following commitments upon my acceptance to the program:

- I will work with my Co-Participant to develop and implement a Management Improvement Project (MIP) that will benefit my Head Start/Early Head Start organization.
- I will participate earnestly in the program by:
  - completing all pre-program assignments;
  - bringing examples of budgets, organization charts, Community Assessments, etc. to share with the group;
  - communicating with my Co-Participant during the program to update him/her on my MIP;
  - participating in class discussions and study group activities; and
  - completing all program assignments.
- I agree to participate in an ongoing program evaluation effort that will examine how my organization has changed after my participation.
- I will share the knowledge that I gain from the UCLA Head Start Management Fellows Program by training, writing and/or mentoring other Head Start managers.

Fees
The National Center on Program Management and Fiscal Operations (PMFO) defrays the majority of the program costs (tuition, training materials, lodging and most meals) for both the participant and co-participant. Participants are responsible for a registration fee of $3,100. Participants and co-participants are also responsible for their travel expenses to and from Los Angeles.

________________________________________________
Applicant's Name

________________________________________________
Signature of Applicant

________________________________________________
Date

________________________________________________
Applicant’s #2 Name (if applying as a 2-person team):

________________________________________________
Signature of Applicant #2

________________________________________________
Date
VII. CoParticipant Commitments

Applicant's Co-Participant
By signing this application, I understand and accept the above commitments made by the applicant. I further agree to make the following personal commitments:

- I will attend the program at UCLA during the last two and one-half days of the session (July 16-18, 2019)
- I will work with and support my Head Start manager(s) to develop and implement a Management Improvement Project (MIP) that will benefit the Head Start organization with which I am associated.
- I will participate earnestly in the program by:
  - completing all pre-program assignments,
  - communicating with my Head Start manager(s) prior to my arrival to be informed of his/her MIP process;
  - participating in class discussions and study group activities, and
  - completing all program assignments.
- I recognize that the applicant's final acceptance is contingent upon my participation. If I am unable to attend, his or her participation may be canceled.

__________________________________________________________________________________
Co-Participant’s Name _______________________________ Title _______________________________

__________________________________________________________________________________
Agency/Organization _______________________________

__________________________________________________________________________________
Signature of Applicant’s Co-Participant _______________________________ Date _______________________________

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Or send via email to jeanette.boom@anderson.ucla.edu

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