

ACEC Arkansas
Leadership Excellence Symposium

Application

INSTRUCTIONS

Type or print in black ink. Please complete each section fully. Application must be signed by applicant and received by the Leadership Selection Committee no later than **Monday December 16, 2024 at 5pm.**

Application must contain a recent photograph suitable for use in publications and for publicity. All materials may be submitted in digital form and emailed to: info@arkansasengineers.org.

SELECTION CRITERIA

Participation in Leadership Excellence Symposium is open to persons living or working in Arkansas. The individual must be a member of ASPE or an employee of an ACEC-Arkansas member firm. A maximum of eighteen ACEC Arkansas and/or ASPE members plus two AGC Arkansas/AIA members will be selected to participate in the program. Applications will be considered in the order they are received.

Participants will be chosen by the Leadership Excellence Symposium Selection Committee based upon the information provided on this application. The Committee will be seeking representation from a cross-section of the state. These leaders and potential leaders will be active in business, education, the arts, religion, government, community-based organizations, and ethnic and minority groups and will reflect the diversity of the state.

Applicants must live or work in Arkansas and have the full support of the organization or corporation they represent. *ACEC Arkansas Emerging Leader Class completion is NOT a requirement for this class.*

**SDI Assessment at \$140 per attendee (this fee is in addition to the course fee). If you have previously taken the SDI Assessment in Emerging Leaders and don't want to re-take it, then you will not be charged for the assessment.

I. PERSONAL DATA

Application Date / /
(Day) (Mo.) (Yr.)

Name _____
(Last) (First) (Middle) (Jr., Sr., Etc.) (P.E., P.L.S., E.I.T., Etc.)

First Name (or Nickname Preferred for Name Badge) _____

Home Address _____
(Number) (Street) (City) (Zip Code)

Business Address _____
(Number) (Street) (City) (Zip Code)

Home Phone () _____ Business Phone () _____ Fax () _____

E-Mail _____

Name of Contact Person in Your Office _____

E-Mail _____ Phone: _____

List Any Special Food and/or Health Requirements _____

II. EDUCATION

(Begin with high school, college(s), advanced degrees and/or specialized training.)

<u>Name and Location of School</u>	<u>Dates Attended (from/to)</u>	<u>Degree</u>	<u>Major</u>
_____ <small>(School) (City/State)</small>	_____/_____ <small>(Mo./Yr.) (Mo./Yr.)</small>	_____	_____
_____ <small>(School) (City/State)</small>	_____/_____ <small>(Mo./Yr.) (Mo./Yr.)</small>	_____	_____
_____ <small>(School) (City/State)</small>	_____/_____ <small>(Mo./Yr.) (Mo./Yr.)</small>	_____	_____
_____ <small>(School) (City/State)</small>	_____/_____ <small>(Mo./Yr.) (Mo./Yr.)</small>	_____	_____
_____ <small>(School) (City/State)</small>	_____/_____ <small>(Mo./Yr.) (Mo./Yr.)</small>	_____	_____

III. EMPLOYMENT

Present Employer _____

Type of Organization _____

Title Responsibility _____ Since _____ / _____
(Mo./Yr.)

A. Briefly describe your responsibilities in your employment.

B. List previous employment in reverse chronological order (include active military duty).

<u>Employer</u>	<u>Title/Responsibility</u>	<u>From</u>	<u>To</u>
_____	_____	____ / ____ (Mo./Yr.)	to ____ / ____ (Mo./Yr.)
_____	_____	____ / ____ (Mo./Yr.)	to ____ / ____ (Mo./Yr.)
_____	_____	____ / ____ (Mo./Yr.)	to ____ / ____ (Mo./Yr.)
_____	_____	____ / ____ (Mo./Yr.)	to ____ / ____ (Mo./Yr.)
_____	_____	____ / ____ (Mo./Yr.)	to ____ / ____ (Mo./Yr.)

III. GENERAL INFORMATION

One of the goals of ARKANSAS LEADERSHIP EXCELLENCE SYMPOSIUM is to build a network of community leaders who understand the concept of "holding the community and your profession in trust."

INSTRUCTIONS: On a separate sheet of paper answer the following questions (not to exceed 2 typed pages):

- A. What is the most satisfying way you have given back to your profession and community?
- B. What specific skills/knowledge do you hope to gain and implement from your participation in the *LEADERSHIP EXCELLENCE SYMPOSIUM*?
- C. What knowledge/skill do you plan to share with your *LEADERSHIP EXCELLENCE SYMPOSIUM* team members?
- D. Why should you be selected for the *LEADERSHIP EXCELLENCE SYMPOSIUM*?

IV. COMMITMENT

I understand the purposes of the Leadership Excellence Symposium program and if selected I will devote the time and resources to complete the program. Even though emergencies do arise, any participant missing more than one of the sessions, for whatever reason, may be asked to withdraw from the program and no portion of the tuition shall be refunded. I understand the above commitments and agree to be bound by them in signing this application.

The following is the proposed schedule for the 2025 Leadership Excellence Symposium. (subject to change)

January 21, 2025 (10am-5:30pm) – January 22, 2025 (8:30am-3pm), Northwest Arkansas

February 11, 2025 (10am-5:30pm) – February 12, 2023 (8:30am-3pm), Northwest Arkansas

April 22, 2025 (11:30am-1pm) – Graduation – Little Rock, AR

Applicant Signature

Date

V. TUITION

If accepted into the Leadership Excellence Symposium, you will need to pay *the tuition fee of \$1,995 (ACEC member) or \$2,495 (Non-Member)*, which covers all program costs. Lodging and transportation will be the participant's responsibility.

Payment needs to be made at <https://acec-arkansas.ticketleap.com/acec-arkansas-leadership-excellence-symposium-tuition-2025/>.

DEADLINE FOR APPLICATIONS AND ALL REQUIRED MATERIAL IS **December 16, 2024**. NOTE: Only complete applications will be reviewed by our selection committee. It is your responsibility to have this application and photos in by the **December 16, 2024** deadline.

Applicants will be notified on or before January 2, 2025.