



# Community Leadership Academy



## Application Form

1. Name \_\_\_\_\_
2. Title/Organization: \_\_\_\_\_
3. Contact Information:
  - a. Phone: \_\_\_\_\_
  - b. Email: \_\_\_\_\_
  - c. Mailing Address \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_
4. This particular academy is geared toward people with disabilities. Are you a person with a disability or someone who works with people with disabilities?  Yes  No
5. Do you have any reasonable accommodations? (i.e. interpreter, electronic format, large print, ect.)  Yes  No
  - a. If yes, what reasonable accommodations are needed?  
\_\_\_\_\_
6. Are you currently a student?  Yes  No
  - a. If yes, where do you attend? \_\_\_\_\_
7. Are you committed to fully participating and attending each class?  
 Yes  No



11. The following questions are optional and have no bearing on your acceptance to the academy. Answers will be used only for academy evaluation requested by funders, and any information you provide will remain anonymous.

a. Gender:

Male       Female       Transgender

b. Age:

13-17     18-34     35-54     55-64     65+

c. Race/Ethnicity (Please check all that apply):

Caucasian (non-Hispanic)       Hispanic/Latino  
 African American                 Native American  
 Pacific Islander                    Asian  
 Other (Please Describe): \_\_\_\_\_

d. Income Level:

\$0-\$15,000                         \$15,000-\$30,000  
 \$30,000-\$48,000                 \$48,000 or above

Thank you for applying to the Community Leadership Academy!

Please expect to hear a response from the lead trainer within one-two weeks of submitting your application.