

ACT-IAC Associates Program Application

Instructions

- 1. Complete the online form.
- 2. Please email a current copy of your 621 or resume including your education/training history, related achievements, and current and related past positions (2 page maximum) to Jennifer McGeorge at jmcgeorge@actiac.org.

Name:		
Title:		
Grade/Job Series (Government only)		
Agency or company:		
Mailing address		
Telephone – Office: Cell:		
Email:		
Sponsor information: [Sponsor agrees to fund \$1795.00 for the applicant]		
Name:		
Title		
Grade/Job Series (Government only)		
Agency or company:		
Mailing address		
Telephone – Office: Cell:		
Email:		
1. Years in Current Job Title/Position:		
2. Total Years Work Professional Work Experience:		
3. Pick which best describes your current position:		

ASSOCIATES PROGRAM APPLICATION

Technical IT	Customer Service	
Program Management	Finance	
IT Policy/Strategy	Other, Describe:	
Acquisition		
Business Management		
Business Development/Sales/Marketing		
1. What are you looking for in a professional development program?		
2. Career Progression:		
	(Title, grade, position responsibilities).	
(Not to exceed 75 words)		
b. Where do you see yourself professionally 5 years from now? (Not to exceed 75 words)		
3. What are your extracurricular activities, including professional and		
community involvement? (Not to excee	ea 200 woras)	
Degrees and Other Courses		
1. Bachelors Degree and Year Received		
2. Masters Degree and Year Received:		
3. Additional Education or Training Course	25.	
Activity in Councils and Associations: 1. Active in Associations (ACT-IAC/AFCEA/FAC/CIO etc), specify:		
2. Leadership positions in Associations (ACT-IAC/AFCEA/etc), specify:		



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