



# Leadership Academy Application

The University of Oklahoma • College of Continuing Education  
Center for Early Childhood Professional Development  
1801 North Moore Avenue • Moore, Oklahoma 73160-3668  
Local (405) 799-6383 • Toll Free 1-888-446-7608 • Fax: (405)-799-7634  
• [www.cecpc.org](http://www.cecpc.org) •

Please print or type clearly

## ★ SECTION I ★

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_  
(Street/PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

K8# \_\_\_\_\_ Licensed Capacity \_\_\_\_\_ Number of Subsidy Children Enrolled \_\_\_\_\_

Star Level:  One Star  Two Star E-mail Address: \_\_\_\_\_  
 One Star Plus  Three Star

Oklahoma Director's Credential: \_\_\_\_\_  
Award Date Expiration Date

## ★ SECTION II ★

Please answer the following questions with a minimum of 100 words total. Clearly write your response in the space provided. If necessary, you may attach an additional paper.

Why do you want to be a part of the Leadership Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of the Leadership Academy? \_\_\_\_\_

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How do you plan to implement knowledge gained upon your successful completion of the Leadership Academy?

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**★ SECTION III ★**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

I have read the information regarding the Leadership Academy and understand that I must attend all scheduled sessions, which includes a total of 47 training hours. I am committed to the success of this project and will contribute to my best ability if I am selected to participate.

Return application to: Leadership Academy  
Center for Early Childhood Professional Development  
College of Continuing Education  
The University of Oklahoma  
1801 N. Moore Avenue  
Moore, OK 73160-3668