

**Maine’s Leadership Development Program Application**

**Completed application should be emailed to emily.doughty@maine.gov by September 28 , 2020.**

This application must be completed in full and include the following:

* Current resume
* Responses to the prompts
* Signatures of applicant and supervisor

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Region Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On a separate page, please respond to each of the following questions in 500 words or less.**

1. Why are you interested in Maine’s Leadership Development Program? Describe your prior experiences with facilitating professional learning for educators in your district and region.

2. What professional learning experiences have you had that have been most valuable to you as an educator? What made them valuable to you as a learner and a leader?

3. How will you manage the demands of your school community and those of Maine’s Leadership Development Program?

School Year 2020-2021

* Attend 2 full days per month at sessions (24 total) starting in October 2020
* On average, 2 hours per month of pre-work
* Year-long action learning project directly connected to your school/district

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Signature of Applicant Date

I support this application and the requirements of participation in Maine’s Leadership Development Program.

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Signature of Supervisor Date