



## **LEADERSHIP NEW MEXICO**

*CONNECT* NEW MEXICO  
*"The Next Generation of Leadership"*

# CONNECT NEW MEXICO APPLICATION

## **INSTRUCTIONS**

Type or print in black ink. It is important that each section be fully completed. Add additional pages if necessary. Applications must be signed by both applicant and employer/sponsor. The application must be returned, along with a recent 3" x 5" photograph or an electronic photograph suitable for use in publications and for publicity. (Please note that photographs will not be returned.) We are unable to accept facsimile applications.

## **SELECTION CRITERIA**

The Connect New Mexico Selection Committee seeks to identify individuals most likely to utilize their leadership abilities for the long-term benefit of New Mexico. Each applicant must be nominated by a Leadership New Mexico Core Program, Local Government Leadership Program, or Connect New Mexico Program graduate. Connect New Mexico will seek 40-45 young professionals, ages 25-40, who represent the various geographic regions of the state from the public, private, and non-profit sectors. Special consideration will be given to ensure diversity of race, gender, and occupational background.

## **PROGRAM TUITION**

Leadership New Mexico program tuition is \$1,500 and covers all program costs, transportation during sessions, and meals. Participants are responsible for their own transportation to the session locations and hotel accommodations. It is anticipated that at least five of the six program sessions could be out of your geographical area and require overnight expenses of approximately \$1,100. Leadership New Mexico will assist by reserving blocks of rooms at discount rates. A limited number of scholarships are available for those requiring financial assistance. A request for scholarship assistance does not affect selection into the program.

## **PARTICIPANT RESPONSIBILITY**

Participants must agree to attend all of the functions sponsored by the program. Understand that attendance is **mandatory**, and that if more than 1 1/2 days of the session are missed for whatever reason, the participant will be automatically dropped from the program with no portion of the tuition refunded. If the participant fails to meet any part of the obligation of participating, they will be asked to withdraw from the program.

### **PLEASE MAIL APPLICATION TO:**

Connect New Mexico  
Leadership New Mexico  
P.O. Box 35696  
Albuquerque, NM 87176-5696

505.398.1500  
leader@leadershipnm.org  
www.leadershipnm.org



# CONNECT PROGRAM APPLICATION FOR SELECTION

## PERSONAL DATA

Full Name: \_\_\_\_\_

Preferred Name for Name Tag: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race/Ethnic Background: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_ Mobile Phone: (     ) \_\_\_\_\_

Fax #: (     ) \_\_\_\_\_ email: \_\_\_\_\_

If Married, Spouse's Name and Occupation: \_\_\_\_\_

How long have you lived in New Mexico? \_\_\_\_\_

Have you participated in another state or community leadership program? If so,

Name of Program	City/County/Region/State	Date
-----------------	--------------------------	------

Name of local newspaper (To be used for press releases) \_\_\_\_\_

## EMPLOYMENT

Present Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Briefly describe your responsibilities in your position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider your most significant contribution or achievement related to your position so far?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the category which best describes the area in which you presently work/serve (check only one).

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Community/Non-Profit | <input type="checkbox"/> Business       | <input type="checkbox"/> Education           | <input type="checkbox"/> Government     |
| <input type="checkbox"/> Health Care          | <input type="checkbox"/> Law            | <input type="checkbox"/> Media               | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Labor                | <input type="checkbox"/> Social Service | <input type="checkbox"/> Other Specify _____ |   |

**EMPLOYMENT HISTORY** *(Beginning with most recent)*

Employer	Job Title	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**BUSINESS/PROFESSIONAL AFFILIATIONS (IF ANY):** *(Do not include civic organizations, public, or political activities)*

Name of Group	Positions Held or Assignments	Period of Affiliation
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**EDUCATION** *(High school, college(s), advanced degrees and/or specialized training)*

Name/Location of School	Degree/Certificate	Area of Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities, offices, and recognitions for special contributions in your education and/or training:

\_\_\_\_\_

**COMMUNITY INVOLVEMENT** *(Please list in order of importance to you: community, civic, religious, political, government, social, athletic, or other activities with which you are involved or have been a member. Indicate role in the organization.)*

Organization	Position Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list, in order of importance to you, present and past community, civic, religious, political, social or other activities

What do you consider your most important accomplishment in community or civic activities? Why?

---

---

---

---

What community awards or recognition have you received? When?

---

---

---

---

In what kinds of additional volunteer/community/state activities would you like to become active in the future?

---

---

---

---

**CONTRIBUTION TO LEADERSHIP**

What specific skills/knowledge do you hope to gain from your participation in **Connect New Mexico**?

---

---

---



**TUITION**

If accepted into the Connect New Mexico program each participant, financial sponsor, and/or employer will be billed for the tuition fee of \$1500 which covers all program costs, transportation during sessions, and meals.

Will you pay the tuition fee?  YES  NO

Will your employer/sponsor pay the tuition fee?  YES  NO

If not, who will be responsible for payment? \_\_\_\_\_

Do you need to be considered for a scholarship for the program?  YES  NO

If yes, please explain:

---

---

REFERENCES

Please list three people other than your Leadership New Mexico sponsor who are knowledgeable about your leadership performance and potential. In addition to your references, two letters of recommendation should be submitted with the application.

I. Name: Telephone: ( )

Address: City State Zip

II. Name: Telephone: ( )

Address: City State Zip

III. Name: Telephone: ( )

Address: City State Zip

EMPLOYER COMMITMENT (Required of all part and full-time employees of a company or organization)

This application has the approval of the undersigned organization, and the applicant has our full support and commitment, which includes the time required to participate in the program.

Company Name: Telephone: ( )

Address: City State Zip

Employer Signature Date

NOMINATING LEADERSHIP NEW MEXICO ALUMNUS

This applicant has the full support of the undersigned Leadership New Mexico Core Program, Local Government Leadership Program, or Connect New Mexico Program graduate.

Name: Telephone: ( )

Address: City State Zip

LNM Alumnus Signature Date

COMMITMENT

If selected as a participant in Connect New Mexico, I agree to attend all of the functions sponsored by the program. I understand that attendance is mandatory, and that if I miss more than 1 1/2 days of the sessions for whatever reason, I will be automatically dropped from the program with no portion of my tuition refunded. I understand that if I fail to meet any part of the obligation of participating, I will be asked to withdraw from the program.

I hereby certify that the information in this application is complete and correct. I hereby give Leadership New Mexico permission to share this information for the purpose of public relations and reports. I understand the above commitment and agree to be bound by it in signing this application.

Applicant Signature Date

PLEASE MAIL APPLICATION TO:

Leadership New Mexico
P.O. Box 35696
Albuquerque, NM 87176-5696

