

**National Network of Forest Practitioners**

**Enhancing Creative Leadership**

**Application Form**

Please submit your completed application form by January 15, 2010. Please visit [nnfp.org](http://nnfp.org) for a financial aid application, if required. We do not currently have scholarship funds secured, but will endeavor to find them. E-mail your application to [bwycckoff1@earthlink.net](mailto:bwycckoff1@earthlink.net). Send the signed Statement of Commitment and check payable to NNFP to 8 North Court, Suite #411, Athens, OH 45701. Applications will be considered as they are received, with applicants notified of acceptance within 10 days of receipt. For questions, call Barbara Wyckoff at 301-367-2406.

Name \_\_\_\_\_ Title/position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ (for room assignments)

E-mail \_\_\_\_\_ Same e-mail again: \_\_\_\_\_

Web address \_\_\_\_\_

How long have you been in your current organization? \_\_\_\_\_ Current position \_\_\_\_\_

*(Applicants should be active practitioners in the field; applicants who are primarily students, teachers or researchers may be accepted on a case-by-case basis, but scholarship funding will not be available.)*

Answer the following questions in the space provided.

1. Please provide a brief description of your organization and your current role/responsibilities.

2. Why do you personally want to participate in the Leadership for the Long Haul Program? What do you hope to gain?

3. Is there anything else you'd like to tell us about yourself or your experience as a leader?

4. Special needs/comments (i.e. dietary restriction, lodging requirements)

**Statement of Commitment**

*Please submit your signed Statement of Commitment by fax (740-592-1859), mail at the address above, or by e-mail as a pdf file.*

I, \_\_\_\_\_, have read the *Leadership for the Long Haul* program description and understand that participation at both sessions, providing the information needed to complete the 360 assessment, completing bi-weekly assignments, and joining all conference calls are essential for my development and as a commitment to the other program participants. I understand that I am responsible for my travel costs to and from each session and for all long-distance phone charges. I agree to take responsibility for my learning, to share my skills and experience, and to honor confidentiality agreements among participants.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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