0022

**UCLA Head Start Management Fellows Program**

**Program Dates: June 20 – July 1, 2016**

**Application for Admission – Deadline March 25, 2016**

# Program Information

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Grantee 🞏 Delegate

Program Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Type (check one):**

🞏 CAP/CAA 🞏 Single Purpose 🞏 Local Government

🞏 Non Profit 🞏 Tribal Government🞏 School System

**Scope of Head Start Program:**

Number of Children \_\_\_\_\_\_\_\_\_ Number of Centers \_\_\_\_\_\_\_\_ Number of Family Child Care \_\_\_\_

Number of Staff \_\_\_\_\_\_\_\_\_\_\_\_ Home-Based Areas \_\_\_\_\_\_\_\_\_ Homes \_\_\_\_\_\_\_\_\_

**Type of Community** (*check one*): 🞏 Rural 🞏 Urban 🞏 Rural/Urban 🞏 Suburban

**Services**: 🞏 Preschool 🞏 Early Head Start 🞏 Both

**Fees**

The National Center on Program Management and Fiscal Operations (PMFO) defrays the majority of the program costs (tuition, training materials, lodging and most meals) for both the participant and co-participant. Participants are responsible for a registration fee of $3,100. Participants and co-participants are also responsible for their travel expenses to and from Los Angeles.

## Applicant Information

## (if applying as a 2-person team, both individuals must complete this page)

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

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Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position: \_\_\_\_\_\_\_\_\_\_years

*(Note: Two years tenure as a Head Start manager required for admission.)*

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity:** (Optional)

🞏 African American 🞏 Caucasian 🞏 Native American 🞏 Asian

🞏 Hispanic/Latino 🞏 Pacific Islander 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** 🞏 Male 🞏 Female

**Educational Background:**

Please list schools attended, beginning with most recent.

**Name of institution Number of years attended\_\_\_\_\_\_Degree or certificate received (if any)**

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**Professional Development:**

Please list any management or leadership training you have attended within the last 3 years (e.g., conferences and seminars) relating to your work as a Head Start manager.

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**Employment History:**

Please list other positions held in Head Start and/or related early childhood areas.

**Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Years**

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**Leadership Involvement:**

Please list any community and/or child development organization(s) in which you are involved, including the scope and length of time of your participation. (e.g., NHSA, NAEYC, United Way, local charities, etc.) (*Note: Two years involvement in a leadership role is required*.)

**Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Participation\_\_\_\_\_\_\_\_\_\_\_\_\_\_Leadership Role**

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**Choose one organization and describe, in detail, your leadership role:**

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## Co-Participant Information

(Note: Co-Participant must be the applicant's immediate supervisor or a chairperson/executive director of an agency or organization overseeing Head Start funding and/or programming. Please note that a two-person team has only one Co-Participant. Co-Participant must be able to attend the last 2 ½ days of the program. Once named, the co-participant cannot be changed.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Co-participant must sign participation statement on page 6***

**Statements**

All applicants must respond to questions 1 & 2. Two-person team applicants must also answer question 3. Limit each answer to one page, typed and double-spaced. Attach your statements to this application with your name on each page.

1. What are the major challenges facing your community and your program? What are you doing to respond to these challenges and/or what would you like to do to meet these challenges?
2. How does the UCLA Head Start Management Fellows Program fit into the growth and development of your organization and your personal career? Where do you see yourself in the next few years?

3. As a 2-person team you will be collaborating on a strategic project to benefit your program. Please describe your working relationship and how the UCLA Head Start Management Fellows Program will benefit your team. Applicants may choose to submit individual responses for this question or a joint statement.

**Return application to:** UCLA Head Start Management Fellows Program

**(Post marked by 3/25/16)** UCLA Anderson School of Management

110 Westwood Plaza, Suite C305

Los Angeles, CA 90095-1481

**Commitments**

**Applicant**

By applying to attend the UCLA Head Start Management Fellows Program, I understand that this is an intense learning experience and I am making the following commitments upon my acceptance to the program:

1. I will work with my Co-Participant to develop and implement a Management Improvement Project (MIP) that will benefit my Head Start/Early Head Start organization.
2. I will participate earnestly in the program by:
3. completing all pre-program assignments;
4. bringing examples of budgets, organization charts, Community Assessments, etc. to share with the group;
5. communicating with my Co-Participant during the program to update him/her on my MIP;
6. participating in class discussions and study group activities; and
7. completing all program assignments.

* I agree to participate in an ongoing program evaluation effort that will examine how my organization has changed after my participation.

1. I will share the knowledge that I gain from the UCLA Head Start Management Fellows Program by training, writing and/or mentoring other Head Start managers.

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

Applicant's Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

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

Applicant’s #2 Name (if applying as a 2-person team):

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

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

**Commitments**

**Applicant's Co-Participant**

By signing this application, I understand and accept the above commitments made by the applicant. I further agree to make the following personal commitments:

1. I will attend the program at UCLA during the last two and one-half days of the session (June 29-July 1, 2016)
2. I will work with and support my Head Start manager(s) to develop and implement a Management Improvement Project (MIP) that will benefit the Head Start organization with which I am associated.
3. I will participate earnestly in the program by:
4. completing all pre-program assignments,
5. communicating with my Head Start manager(s) prior to my arrival to be informed of his/her MIP process;
6. participating in class discussions and study group activities, and
7. completing all program assignments.
8. I recognize that the applicant's final acceptance is contingent upon my participation. If I am unable to attend, his or her participation may be canceled.

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Co-Participant's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title

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Agency/Organization

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Signature of Applicant's Co-Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Return application to:** UCLA Head Start Management Fellows Program

**(Post marked by 3/25/16)** UCLA Anderson School of Management

110 Westwood Plaza, Suite C305

Los Angeles, CA 90095-1481