

**SCHOOL LEADERSHIP INSTITUTE**  
**(SLI)**  
**SERIES I PROGRAM**  
**2018 – 2019 Application**

|                     |     |
|---------------------|-----|
| For Office Use Only |     |
| AD                  | CCD |

*(Please print clearly)*

Date: \_\_\_\_\_

File #: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Applicant's School E-mail: \_\_\_\_\_@schools.nyc.gov

Name of Worksite: \_\_\_\_\_

Worksite Address (*Street, City, Zip*): \_\_\_\_\_

DBN: \_\_\_\_\_ Grades Served: \_\_\_\_\_

Worksite Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of your Principal/ Supervisor (*Please print*): \_\_\_\_\_

Principal's/ Supervisor's School E-mail: \_\_\_\_\_@schools.nyc.gov

Date Began as CSA Member: \_\_\_\_\_ Please Circle: Appointed Interim Acting

Circle the NYS Certification(s) you hold: SAS SDA SBL SDL

Previous Position: \_\_\_\_\_ Years in that Position: \_\_\_\_\_

**Fall Series:** I understand that in applying to participate in the SLI Series I program, I am committing to attend eight workshops during the 2018-2019 school year at the ELC I select.

Please circle **one** Educational Leadership Center (ELC) where you would like to attend workshops:

Bronx Brooklyn Manhattan Queens Staten Island

\_\_\_\_\_  
*Signature of Applicant*

As Principal/ Supervisor, I agree to support \_\_\_\_\_ by

*Print Name of Applicant*

releasing him/her to attend workshops under the ELI SLI Series I Program.

\_\_\_\_\_  
*Signature of Principal/ Supervisor*

**Please fax and mail completed application to the attention of Marie Caballero at the Executive Leadership Institute  
40 Rector Street, 12<sup>th</sup> Floor, New York, NY 10006-1729 Fax No. 212-962-6130**