

**SCHOOL LEADERSHIP INSTITUTE
(SLI)
SERIES I PROGRAM
2019 – 2020 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: _____

Please select the SLI Summer Series or the SLI Fall Series. Please note your selection below:

Summer Series: I understand that in applying to participate in the SLI Series I program, I am committing to attend four workshops in July 2019 (07/15 - 07/18), **and** four workshops during the 2019-2020 school year at the ELC I select.

Fall Series: I understand that in applying to participate in the SLI Series I program, I am committing to attend eight workshops during the 2019-2020 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 SBISI Series I Program.

Signature of Principal/ Supervisor