



## **CORE PROGRAM APPLICATION FOR SELECTION**

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### **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 CORE Program is open to all citizens of the state. Leadership New Mexico selects a class each year of 40-45 leaders who represent a cross-section of the various geographic regions as well as public, private, and non-profit sectors. Special consideration is given to ensure diversity of race, gender, and occupational background.

**January 1 - May 31 selection of each year class participants are accepted and announced at the end of June.**

### **PROGRAM TUITION**

Tuition for the CORE Program is \$3,500 and covers all program costs, transportation during sessions, and meals. Participants are responsible for their own transportation to the session locations and hotel accommodations. A limited number of scholarships are available for those requiring financial assistance and does not affect selection into the program.

### **PARTICIPANT RESPONSIBILITIES**

Leadership New Mexico will hold an initial two-day orientation retreat followed by five (5) two-day sessions in various regions of the state. Each session will begin early Thursday evening and conclude Saturday afternoon. The programs are scheduled approximately every other month beginning in September. Attendance at all sessions is required and participation at the **opening retreat is mandatory**. Participants not adhering to the attendance requirements will be automatically dropped from the program with no portion of the tuition refunded. Involvement in Leadership New Mexico does not end upon completion of the program. As part of the alumni program, graduates of Leadership New Mexico are expected to assume active roles in state and local activities and identify participants for future Leadership New Mexico programs.

### **PLEASE EMAIL APPLICATION TO: [LEADER@LEADERSHIPNM.ORG](mailto:LEADER@LEADERSHIPNM.ORG)**

Email with subject line: 2023-2024 CORE Program Application - Last Name, First Name  
[leader@leadershipnm.org](mailto:leader@leadershipnm.org)

### **Leadership New Mexico**

P.O. Box 35696

Albuquerque, New Mexico 87176-5696

505.398.1500

[www.leadershipnm.org](http://www.leadershipnm.org)

# CORE 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: \_\_\_\_\_

Spouse/Partner'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
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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.)*

Local:	Organization	Position Held	Dates
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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

State:	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?

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What community awards or recognition have you received? When?

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

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**CONTRIBUTION TO LEADERSHIP**

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

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What specific skills/knowledge do you hope to contribute to the **Leadership New Mexico** program?

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REFERENCES

Please list three people other than your 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).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

TUITION

If accepted into the Leadership New Mexico program each participant, financial sponsor, and/or employer will be billed for the tuition fee of \$3,500 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:

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

COMMITMENT

If selected as a participant in Leadership New Mexico, I agree to attend all of the functions sponsored by the program which includes the opening retreat, five two-day sessions, and the graduation. I understand that attendance at the opening retreat is mandatory, and that if I miss more than one of the remaining five 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's Signature

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

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