**GENERAL INFORMATION**

**Name** Click here to enter text.

**Job Title:** Click here to enter text.

**Name of Institution/Organization:** Click here to enter text.

**ADDRESS**

**City:** Click here to enter text.

**Home Phone Number Cell/Alternate Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**PERSONAL INFORMATION**

**Please describe what you hope to gain from participating in the *New Professionals Academy*:**

Click here to enter text.

**Please explain why you chose EEO/AA, diversity& inclusion, compliance, business, or**

**human resources as a career?**

Click here to enter text.

**What areas within the profession are you most interested? (Please share examples of projects, initiatives, programs that you have worked on within your field of interest).**

Click here to enter text.

**Have you served (or currently serving) any roles within AAAED? Yes/No, if yes, please describe below:**

Click here to enter text.

**If No, please list leadership roles/committee areas of interest within AAAED, please describe below:**

Click here to enter text.

**List three objectives you would like to achieve by participating in the AAAED New Professionals Academy:**

**A**. Click here to enter text.

**B.** Click here to enter text.

**C.** Click here to enter text.

**List three strengths you will bring to the *New Professionals Academy***

**A.** Click here to enter text.

**B.** Click here to enter text.

**C.** Click here to enter text.

**Identify some professional development /career goals that you have and your plans to prepare yourself to meet your goals.**

Click here to enter text.

**Provide examples of actions that demonstrate how you have promoted diversity & Inclusion at your respective organization and/or within your community.**

Click here to enter text.

**Please list examples to demonstrate your leadership skills/potential as indicated by community, organizational, business or governmental activities that you have either planned/and or participated in which supported EEO/AA principles.**

Click here to enter text.

Click here to enter text.

**APPLICANT SIGNATURE:**

**Please confirm your agreement below by signing below statement “I accept”.**

I Click here to enter text. agree to NPA program expectations and will participate in both the *New Professionals Academy and National Conference*, June 6-10, 2016 in Washington DC.

**Signature**

**Print Name:** Click here to enter text.

**Title**: Click here to enter text.

**Organization:** Click here to enter text.

**ORGANIZATIONAL ENDORSEMENT:**

**Endorsement from Applicant’s Organization *(Please attach letter of support)***

I Click here to enter text. agree to support Click here to enter text. participation in the

*AAAED New Professionals Academy* *and National Conference*, June 6-10, 2016.

**Signature**

**Print Name:** Click here to enter text.

**Title**: Click here to enter text.

**Organization:** Click here to enter text.

For questions, please contact Wanda Malden [wanda-malden@uiowa.edu](mailto:wanda-malden@uiowa.edu)  
Chair, AAAED New Professionals Academy