**APPLICATION**

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**ASBSD School Board Leadership Academy**

Please complete all sections of the application and return to Katie at the address below. All applications must be postmarked by February ??, 2024 to be considered.

Selection of the SBLA cohort group will be based on:

1. Only school board members serving from February 2024 to February 2025 will be eligible.

2. School board members must have at least 2 years of service as a board member

3. Your School district must agree to pay for all transportation, travel costs and fees associated with the course.

4. Participants must commit to 3 in-person sessions and 3 online sessions as well as a Capstone Project at the end.

5. The selection committee will try to create a diverse mix of participants including; gender, geography, school size, and responses to questions.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Board term of office: Term started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What leadership roles have you served on your local school board?, ie, Chair, Vice Chair, Committee Chair

Why are you interested in being selected for the 2024-25 SBLA Cohort?

What do you hope to learn from this leadership course experience?

How might you apply your training to your local school board?

Send application to: Associated School Boards of South Dakota

% Katie Mitchell-Boe

306 E Capital, Pierre, SD, 57501

Questions should be directed to Dr. Wade Pogany, at wpogany.DEC@ gmail.com

Signatures

I agree to participate in all SBLA sessions and the Capstone Project. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(applicant’s signature)

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school district agrees to pay all transportation, travel costs, and

registration fees associated with the SBLA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(school district administrator)