Candidates applying for the Hall County School District Growing Administrative Leaders Program must complete all fields of the application. Please print, complete and send this application along with an up-to-date résumé and response to the writing prompt to Kim Coker at: [kim.coker@hallco.org](mailto:kim.coker@hallco.org)

**Applications should be submitted electronically and must be received by October 11th, 2024 at 4:00 PM.**

| **Candidate Contact Information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Date application submitted | | | | | | |
| Last Name       First Name       Middle Initial | | | | | | |
| Street Address | | | | | | |
| City       State       Zip | | | | | | |
| Home Phone       Work Phone       Cell Phone | | | | | | |
| Email Address | | | | | | |
| Current Position | | | Current Work Location | | | |
| **Leadership Experiences** | | | | | | |
| Leadership Position  (Begin with most recent) | | Major Responsibilities | | | Organization/School District | Dates in Position |
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| **Eligibility Criteria** | | | | | | |
| I meet one or more of the following certification requirements required for participation in the HCSD Growing Administrative Leaders Program (please check all that apply): | | | | | | |
| ☐ | Willingness and eligibility to enroll in a leadership certification program where applicable | | ☐ | Advanced degree or industry certification | | |
| ☐ | Attending all sessions is the expectation. | | ☐ | Previous or current leadership experiences | | |

| **Written Response** | | |
| --- | --- | --- |
| Please respond to the question below. This question is designed to learn about your communication skills, to understand your self-reflection process, and to ascertain your professional leadership aspirations.  ***Why do you want to participate in the Hall County School District Growing Administrative Leaders Program?***  Please limit the question’s answer to 1000 words or less. Write your response in a separate document and submit it electronically with your application materials. | | |
| **Recommendations** | | |
| Three completed recommendation forms must be submitted to [kim.coker@hallco.org](mailto:kim.coker@hallco.org)  to complete your application materials. These recommendations hold substantial weight in our decisions as they will provide us with the information and impressions we cannot glean from the rest of the application. The following persons should complete recommendations:   * Current principal/supervisor * A peer or colleague (to be chosen by current supervisor) * A person of your choosing with knowledge of your leadership (can be outside of the district)   Please include the names and contact information below: | | |
|  | Name | Email Address |
| Current Supervisor: |  |  |
| Other Colleague: |  |  |
|  | | |
| **Verification of Information** | | |
| ☐ I understand that a false statement, omission, or misrepresentation on any part of my application or materials submitted during the application process is grounds for being denied eligibility to or dismissal from the Hall County Growing Administrative Leaders Program.   | Click here to enter text. |  | Click here to enter text. | | --- | --- | --- | | Signature |  | Date | | | |

| **Application Checklist and Instructions** |
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| ☐ **Step 1:** Ensure you have completed **all fields in the online application**.  ☐ **Step 2:** Complete the **written response** for the application.  ☐ **Step 3**: Attach an up-to-date **résumé** with your application.  ☐  **Step 4:** Give **Reference Forms** to your current HCSD supervisor and another colleague to complete and request that they submit it by the application deadline.  ☐ **Step 5:** Submit complete application packet electronically and send to Kim Coker, Human Resources Department ([kim.coker@hallco.org](mailto:kim.coker@hallco.org) )   * **Step 6: I have reviewed the attached schedule and confirm I can attend all sessions.**   **Questions?**  Contact David Moody, Executive Director of Leadership Development at [david.moody@hallco.org](mailto:david.moody@hallco.org). |