



F.I.E.L. Fellows Program

"Empowering educational leadership through professional development, mentoring, and networking"

APPLICATION FORM

July 8-13, 2012

St. Norbert's College – DePere, Wisconsin

I. Personal Information:

Name: _____

(circle one): Miss Ms. Mrs. Mr. Dr. Rev. Sr.

Sex: Male _____ Female _____

First Name (as you would like it to appear): _____

Position: _____

School District: _____

School or Building: _____

Level (circle one): Elem Middle/Jr. High High School District Other

Work Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone: () _____

E-mail: _____ Fax: () _____

Send to: Home _____ Work _____

II. Are you a member of a district team? Yes _____ No _____

If yes, give name of district or coordinator: _____

III. Accommodations (select one): Single Room _____ Double Room _____

Requested Roommate: _____

IV. How did you hear about us? Internet _____ Advertisement _____ Mail _____
Postcard _____ Nomination by fellow _____ (Name of
Fellow responsible) _____

Please send Full Payment (\$725) and completed Registration Materials to Dr. Frank Evans, 14935 Moorings Lane, Oak Forest, IL. 60452.