

PRESIDENT'S ROUNDTABLE A National Network of African American Community College CEO's

LAKIN INSTITUTE Application

Name:				
Position Title:				
College/Distric	et:			
Address:				
City:		State:	Zip Code:	
Office Phone #	<u>'</u> :	Cell Phone #:		
Email:				
Immediate Supervisor:			Title:	
structure; (2) a i	resume (maximum 5 p	pages); (3) high resol	plicant's position within t lution jpeg picture (head- the "Lakin Institute" regis	shot) to be used by
1. Why a	re provided, please or re you interested in your career, and v	n participating in	the Lakin Institute at	this
2. What a years?	are your profession	al career goals wi	thin the next two year	s and the next five

3.	What is your ultimate career goal, and do you aspire to become a CEO? If so, Why?
4.	Describe your experiences as a leader.
5.	Describe your experience in community colleges.
6.	Describe your community involvement and advocacy work.

College/District and Lakin Institute Applicant Agreement Form

This document contains the responsibilities of the Presidents' Round Table, the college and the Applicant in fulfilling the requirements of participation in the Lakin Institute. Please review the form and have it signed by your college/district CEO and return it as indicated in the acceptance letter.

Presidents' Round Table Responsibilities:

- Provide the curriculum, leadership, support and guidance throughout the institute experience.
- A five-day intensive leadership experience. (covers tuition, case materials, and supplies).
- Provide access to a network of experienced Mentors.
- Provide individual mentoring tailored to assist participants in professional development and in the pursuit of his/her professional goals.

College/District Responsibilities:

• In support of the professional development of the Applicant, the college agrees to release the employee for the duration of the Lakin Institute and to provide funding to the extent possible.

Participant Responsibilities:

• Complete the entire the Lakin Institute. Applicants who do not attend all mandatory workshops will not complete the Lakin Institute.

R	EQUIRED SIGNATURES
Applicant:	
Print name	Signature
Applicant's Supervisor:	
Print name	Signature
Applicant's College President/Chancellor:	
Print name	Signature
Please check appropriate response:	
Applicant responsible for payment	College/District responsible for payment
College President/Chancellor:	
Print name	Signature

City/State/Zip:			
Phone:	FAX:	E-mail:	
If accepted in the L	akin Institute, I agree to particip	ate in all mandatory activities p	lanned.
Signature:		Date:	

I have attached the following application materials:
(1) an organization chart, (2) a current resume, (3) a high resolution jpeg picture, and (4) the
Lakin Institute Application,

Send completed application and required attachments to:

Dr. L. Marshall Washington Lakin Institute Dean 6767 West O Avenue PO Box 4070 Kalamazoo, MI 49003

Email:

lakininstitute@gmail.com