



PRESIDENTS' ROUND TABLE
A National Network of African American Community College
CEOs
LAKIN INSTITUTE
Application

Name:

Position Title:

College/District:

Address:

City:

State:

Zip Code:

Office Phone #:

Cell Phone #:

Email:

Immediate Supervisor:

Title:

Please attach: (1) an organizational chart showing the applicant's position within the institution's structure; (2) a resume (maximum 5 pages); (3) high resolution jpeg picture (head-shot) to be used by PRT; (4) the registration fee of \$250. Upon acceptance the "Lakin Institute" registration fee is required.

Using the space provided, please complete the following questions:

- 1. Why are you interested in participating in the Lakin Institute at this time in your career, and what do you seek to gain?**

- 2. What are your professional career goals within the next two years and the next five years?**

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 webinar program.
- A three-day intensive leadership experience held in an online webinar (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 online webinars workshops will not complete the Lakin Institute.

REQUIRED 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

College/District: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____ E-mail:

If accepted in the Lakin Institute, I agree to participate in all mandatory activities planned.

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 Experience Application,***

Send completed application and required attachments to:

Dr. Kimberly Beatty

Chancellor, Metropolitan Community College

3200 Broadway

Kansas City, MO 64111

Email:

kimberly.beatty@mccckc.edu