

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

LAKIN INSTITUTE 2023 Application

Name:			
Position Title:			
College/District:			
Address:			
City:	State:	Zip Code:	
Office Phone #:	Cell Phone #:		
Email:			
Immediate Supervisor:		Title:	
	250, due with this a for all accepted ap		
1. Why are you interested in your career, and what do		in the Lakin Institute at this time in n?	
2. What are your professio years?	nal career goals	within the next two years 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 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 workshops will not complete the Lakin Institute.

REQUIRED SIGNATURES					
Applicant:					
Print name	_	ature			
Applicant's Supervisor:					
Print name	_	ature			
Applicant's College President/Chanc					
Print name	 Sign	ature			
Please check appropriate response: Applicant responsible for page 1.2.	ryment	College/District responsible for paymen			
College President/Chancellor:	Print name	Signature			
		Date:			

City/State/Zip:			
Phone:	FAX:	E-mail:	
If accepted in the La	akin Institute, I agree to participa	te in all mandatory activities pla	nned.
Signature:		Date:	

I have attached the following application materials:
(1) an organization chart, (2) a current resume, (3) a high resolution jpeg picture, (4) the Lakin Experience Application, and (5) the application fee.

Please enclose a check for the \$250 application fee, made out to Presidents' Round Table, with your completed application. For any questions about alternative payment methods, please contact Dr. Kimberly Beatty at kimberly.beatty@mcckc.edu.

<u>Send completed application and required attachments to:</u>
Dr. Kimberly Beatty

Chancellor, Metropolitan Community College

3200 Broadway

Kansas City, MO 64111

Email: kimberly.beatty@mcckc.edu