



2009-2010 Application Form

Full Name: _____ Date of Birth: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Mobile Phone: _____
Company: _____ Position/Title: _____
Business Address: _____ City: _____ Zip: _____
Business Phone: _____ Business Fax: _____
Preferred E-mail: _____

Please send ADL correspondence to: [] HOME [] WORK

How did you hear about the ADL Glass Leadership Institute (GLI)? _____

To best complete this application, candidates should familiarize themselves with the program details by visiting http://www.adl.org/glassleadership/default.asp. Please also review the Statement of Expectations and Responsibilities document on the back of this page.

Applicants should submit the following along with this application form:

[] Resume/CV detailing your community and leadership activities (civil, political, and cultural). On a separate page, in the format provided below, please list the names of organizations and/or institutions (civic, community, and Jewish) in which you have been involved, including years involved and positions held.

Organization Years Involved Positions Held

[] Personal Statement: Please respond on a separate page describing your interest in ADL and the Glass Leadership Institute, in addition to any qualities or skills that make you a good candidate for this program. Include how you think this experience will impact your future involvement in ADL, as well as in the community. Please address why you want to participate and what you hope to contribute to the program. Applicants should also consider the following two questions in your response:

- 1) How do you define a strong leader?
2) Describe a major Jewish or Civil Rights issue of concern to you and explain why you consider it important.

To finish, please include any special interests or information you would like us to know.

Please limit personal statements to two pages double-spaced, (600 words maximum).

GLI PARTICIPANT EXPECTATIONS

Having read the attached Statement of Expectations and Responsibilities for the Glass Leadership Institute, I understand the expectations of the Institute and would like to be considered for the 2009-2010 program.

Signature: _____ Date: _____

The application deadline is Wednesday, September 2nd.
PLEASE EMAIL, MAIL, OR FAX COMPLETED APPLICATION TO:
ADL, Greater Chicago/Upper Midwest Region
309 W. Washington St., Suite 750, Chicago, IL 60606
PHONE: (312) 782-5080 * FAX: (312) 782-1142 *