

SCHOOL LEADERSHIP INSTITUTE
(SLI)
SERIES I PROGRAM
2023 – 2024 Application

For Office Use Only	
AD	CCD

(Please print clearly)

Date: _____ File #: _____
Name: _____
Job Title: _____
Applicant's NYCDOE E-mail: _____@schools.nyc.gov
Name of School/Worksite: _____
Worksite Address (*Street, City, Zip*): _____
DBN: _____ Grades Served: _____
Worksite Phone: _____ Your Cell Phone: _____
Name of your Principal/ Supervisor (*Please print*): _____
Principal's/ Supervisor's School NYCDOE E-mail: _____@schools.nyc.gov
Date Began as CSA Member: _____ Please Circle: Appointed Interim Acting
Circle the NYS Certification(s) you hold: SAS SDA SBL SDL
Previous Position: _____ Years in that Position: _____

I am committing to attend **Eight (8)** workshops during the 2023-2024 school year at the ELC I select.

Please circle **one** Educational Leadership Center (ELC) where you would like to attend workshops:

Bronx Brooklyn Manhattan Queens Staten Island

Signature of Applicant

As Principal/ Supervisor, I agree to support _____ by
Print Name of Applicant
releasing him/her to attend workshops under the **ELI SLI Series I** Program.

Signature of Principal/ Supervisor

Please e-mail completed application to the attention of Laura Daniels ldaniels@csa-nyc.org at the Executive Leadership Institute