

SCHOOL LEADERSHIP INSTITUTE (SLI)

SERIES II 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 II** 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