

**SCHOOL LEADERSHIP INSTITUTE**  
**(SLI)**  
**SERIES I PROGRAM**  
**2024 – 2025 Application**

*(Please print clearly)*

Date: \_\_\_\_\_ File #: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Applicant's NYCDOE E-mail: \_\_\_\_\_@schools.nyc.gov

Name of School/Worksite: \_\_\_\_\_

Worksite Address (*Borough, 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 2024-2025 school year.

\_\_\_\_\_  
**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](mailto:ldaniels@csa-nyc.org) at the Executive Leadership Institute*