

SCHOOL LEADERSHIP INSTITUTE
(SLI)
SERIES II 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, State, 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

2023-2024 ELI SLI I Mentor's Name: _____

As Principal/ Supervisor, I agree to support _____ by

Print Name of Applicant

allowing 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