

SCHOOL LEADERSHIP INSTITUTE
(SLI)
SERIES II PROGRAM
2025 – 2026 Application

(Please Print Clearly)

Date: _____ File #: _____

Name: _____

Job Title: _____

Applicant's NYC Public Schools 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 NYC Public Schools E-mail: _____@schools.nyc.gov

Circle the NYS Certification(s) you hold: SAS SDA SBL SDL ADMINISTRATIVE CERTIFICATE new

I will attend SLI workshops during the 2025-2026 school year.

Signature of Applicant

2024-2025 ELI SLI I Mentor's Name: _____

As Principal/ Supervisor, I agree to support _____ by
Print Name of Applicant
releasing them 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@esa-nyc.org at the
Executive Leadership Institute*