

FAMILIES IN BUSINESS

HARVARD | BUSINESS | SCHOOL
EXECUTIVE EDUCATION



APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.

Please type or print legibly.

GENERAL INFORMATION

NAME OF PERSON COMPLETING THIS FORM:

Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

ARE YOU THE CEO? YES NO

IF NO, LIST YOUR TITLE OR RELATIONSHIP TO THE CEO: _____

HOW MANY FAMILY MEMBERS IN TOTAL ARE APPLYING? _____

WILL YOU BE ON THE FAMILY TEAM? YES NO

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS: _____
(P.O. boxes accepted outside U.S.) Street City State/Country Zip Code/Postal Code

COMPANY/ORGANIZATION TELEPHONE: _____ FAX: _____

COMPANY/ORGANIZATION WEBSITE: _____ EMAIL: _____

ULTIMATE PARENT COMPANY: _____

YOUR HOME ADDRESS: _____
Street City State/Country Zip Code/Postal Code

HOME TELEPHONE: _____

PREFERRED MAILING ADDRESS: BUSINESS ADDRESS HOME ADDRESS

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE
Families in Business
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted
online at: www.exed.hbs.edu

BY FAX:

ADMISSIONS COMMITTEE
Families in Business
Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

ADDITIONAL CANDIDATES (This form may be photocopied as necessary.)

1. NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE: _____

YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE: _____

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

MAILING ADDRESS: BUSINESS HOME _____
Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS: _____

2. NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE: _____

YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE: _____

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

MAILING ADDRESS: BUSINESS HOME _____
Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS: _____

3. NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE: _____

YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE: _____

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

MAILING ADDRESS: BUSINESS HOME _____
Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS: _____

4. NAME: _____
Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)

COMPANY/ORGANIZATION NAME IF DIFFERENT FROM FRONT PAGE: _____

YOUR TITLE OR POSITION IN THE COMPANY/ORGANIZATION, IF APPLICABLE: _____

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

MAILING ADDRESS: BUSINESS HOME _____
Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR RELATIONSHIP TO FOUNDER OR ORIGINAL FAMILY MEMBER IN THE BUSINESS: _____

ORGANIZATION

YEAR YOUR COMPANY WAS FOUNDED: _____

Annual Sales Volume (in U.S. dollars):

\$, , ,

NUMBER OF EMPLOYEES: _____

DOES YOUR FAMILY HAVE OWNERSHIP CONTROL OF ITS BUSINESS? YES NO

IF YES, YEAR YOUR FAMILY ASSUMED OWNERSHIP CONTROL OF COMPANY: _____

IF NO, PLEASE STATE YOUR FAMILY CONNECTION TO THE BUSINESS: _____

IF YES, YEAR YOUR FAMILY ASSUMED OWNERSHIP CONTROL OF COMPANY: _____

PLEASE SELECT YOUR BUSINESS'S CURRENT OWNERSHIP STAGE:

- Controlling Owner (one individual or that individual and his/her spouse have ownership control)
- Sibling Partnership (two or more brothers and/or sisters have ownership control)
- Cousin Consortium (two or more cousins have ownership control—no single family branch has enough voting stock to have ownership control)
- Multi-Family (two or more different families—not branches of the same family—have ownership control)
- Another combination of relatives has ownership control. Please Explain: _____

PLEASE CHECK YOUR CURRENT INDUSTRY (check one only):

Manufacturing

- Aerospace/Automotive/
Transportation Equipment
- Agriculture, Food, and Beverage
- Biotechnology
- Chemicals
- Consumer Products
- Energy/Extractive Minerals
- Heavy Capital Intensive/
Raw Materials Suppliers
- High Technology/Electronics
- Highly Diversified Manufacturing
and Nonmanufacturing
- Machinery and Equipment
Manufacturers
- Medical/Healthcare Devices
- Paper and Forest Products
- Pharmaceuticals
- Software
- Textiles
- Other Manufacturing

specify: _____

Nonmanufacturing

- Accounting
- Advertising
- Advocacy/Legal Services
- Broadcasting
- Commercial Banking
- Computer-Related Services
- Construction
- Consulting
- Education
- Engineering
- Entertainment/Leisure
- Environmental Conservation
- Food Service/Lodging
- Foundation/Grantmaking
- General Government
- Health Services
- Housing and Urban Development
- Insurance and Diversified Financials
- Investment Banking/Brokerage

- Investment Management
- Military
- Printing/Publishing
- Real Estate
- Retailing/Wholesaling
- Social Services
- Telecommunications
- Trading
- Transportation
- Utilities
- Other Communications

specify: _____

- Other Nonprofit

specify: _____

- Other Services

specify: _____

