

STRATEGIC PERSPECTIVES IN NONPROFIT MANAGEMENT

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

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____ MALE FEMALE

COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: _____
Month/Day/Year

TITLE: _____

NAME OF NONPROFIT ORGANIZATION: _____

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

NONPROFIT TELEPHONE: _____ FAX: _____

ORGANIZATION WEBSITE: _____ EMAIL: _____
(To be used for admissions correspondence)

NONPROFIT/PARENT ORGANIZATION *(if applicable)*: _____

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

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

EMAIL: _____

PREFERRED MAILING ADDRESS: NONPROFIT 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
Strategic Perspectives in
Nonprofit Management
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
Strategic Perspectives in
Nonprofit Management
Fax: +1-617-496-1731

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

CONFIDENTIAL: The information you provide below is for use by the Admissions Committee only.

ORGANIZATION

Are you the chief executive officer? YES NO

Are you the founder? YES NO

NATIONAL/PARENT ORGANIZATION (if applicable)	YOUR ORGANIZATION
Founding date: _____	_____
Organization's annual budget (in U.S. dollars): \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Number of paid full-time employees: _____	_____
Approximate number of volunteer employees: _____	_____
Total membership: (if applicable) _____	_____
Size of board: _____	_____
Size of Executive Committee (or similar): _____	_____
Employees reporting to you: _____	_____
Number of affiliates/chapters (if applicable): _____	_____

Please indicate the approximate percentage of your organization's funding from the following sources:

(if you represent an affiliate or chapter, please give your affiliate or chapter information.)

_____ % Individual donors _____ % Fees for services/products _____ % Private foundations
_____ % Government (all levels) _____ % Corporate funding _____ % Endowment income
_____ % Other (please specify): _____

Please indicate your organization's subsector. (check one only):

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts, culture, humanities | <input type="checkbox"/> Environmental conservation | <input type="checkbox"/> Human and social services |
| <input type="checkbox"/> Civic/advocacy | <input type="checkbox"/> Foundation/grant making | <input type="checkbox"/> International development and relief |
| <input type="checkbox"/> Community/economic development | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Education | <input type="checkbox"/> Housing and urban development | <input type="checkbox"/> Other (please specify): _____ |

What function best describes your position? (check one only):

- | | |
|--|--|
| <input type="checkbox"/> Accounting/control | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Operations/program |
| <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Planning |
| <input type="checkbox"/> General management | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Human resources | _____ |
| <input type="checkbox"/> Information services | _____ |

PLEASE DESCRIBE THE NONPROFIT ORGANIZATION YOU WILL BE REPRESENTING. INCLUDE A BRIEF DESCRIPTION OF ITS MISSION, ORGANIZATIONAL OBJECTIVES AND ACTIVITIES.

ORGANIZATIONAL STRUCTURE, INCLUDING YOUR RESPONSIBILITIES AND REPORTING RELATIONSHIPS:

WHAT DO YOU CONSIDER TO BE THE KEY STRATEGIC AND OPERATIONAL CHALLENGES/OPPORTUNITIES FACING THE NON-PROFIT ORGANIZATION WITH WHICH YOU ARE INVOLVED?

WHAT ARE YOUR OVERALL GOALS IN ATTENDING THIS COURSE? YOU MAY CONSIDER BOTH YOUR ORGANIZATION'S GOALS AND YOUR OWN PROFESSIONAL DEVELOPMENT GOALS AS THEY RELATE TO THE PROGRAM FOR WHICH YOU ARE APPLYING.

EDUCATION

DEGREE (*check only highest level attained*): High School Two-Year College BS/BA MS/MA MBA Harvard MBA JD/Law PhD MD Foreign Diploma Other

UNIVERSITY: _____ YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME	DATE
_____	_____
_____	_____

Please check those factors that made you aware of this course (*check all that apply*):

Recommended by:

A previous participant of an HBS Executive Education program

Name _____

Program Name _____

An MBA graduate of Harvard Business School

Name _____

A Harvard Business School faculty member

Name _____

A board member of your organization

Name _____

Another senior colleague in your organization

Name _____

Human Resource Department

Advertisement:

(please specify publication) _____

Direct mail package

Article in published material

HBS website

Other (*specify*):

Please indicate the name and title of anyone from your organization who has participated in *Strategic Perspectives in Nonprofit Management (SPNM)*, *Governing for Nonprofit Excellence (GNE)*, or *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)*.

Please indicate if you are applying to any other HBS Executive Education programs this year and specify which program(s).

List anyone else from your organization applying to any HBS Social Enterprise 2011/2012 program and specify which program(s).

SPONSORSHIP

All candidates must be nominated and sponsored by their organizations. **The following part of the application must be completed by the organization's board chair.**

The Social Enterprise program fees are subsidized by Harvard Business School and its Social Enterprise Initiative. Limited, additional need-based scholarship funding may be available. For more information, please visit www.hbs.edu/socialenterprise/courses/executiveeducation.html.

NAME OF ORGANIZATION: _____

nominates this candidate for participation in the *Strategic Perspectives in Nonprofit Management* program. I have read the preceding application. The information provided is accurate to the best of my knowledge, and I support the educational and organizational goals stated therein. The organization is a nonprofit organization. The applicant is, or reports directly to, the organization's CEO/executive director or is a board member of the organization. It is understood that this executive, if admitted, will be completely free of official duties while participating in the program. It is also understood that this executive is proficient in fast-paced, conversational English.

SPONSOR'S SIGNATURE: _____

DATE: _____

NAME OF SPONSOR: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE: _____

OFFICE ADDRESS: _____

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

OFFICE TELEPHONE: _____

OFFICE FAX: _____

The board chair of my nonprofit organization supports my attendance: YES NO

BOARD CHAIR'S SIGNATURE: _____

DATE: _____

NAME OF BOARD CHAIR: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

ADDRESS: _____

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

TELEPHONE: _____

FAX: _____

EMAIL: _____

CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

Upon acceptance, payment is required prior to the program start date.

SIGNATURE OF APPLICANT: _____

DATE: _____

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

BILLING INFORMATION

An invoice will be emailed to the individual indicated below.

NAME: _____

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

TITLE OR POSITION: _____

COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS: _____

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

TELEPHONE: _____

FAX: _____

EMAIL: _____

In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.