

# Greater Des Moines Latina Leadership Initiative Application

**Deadline: August 1, 2012**

<b>Personal Information:</b>	
Name: (Last, First, MI)	
Address:	City, State, Zip:
Home Phone:	Cell Phone:
E-mail Address:	Alternate E-mail Address:
Age, Date of Birth:	Ethnic Background:
<b>Emergency Contact:</b>	
Name: (Last, First, MI)	
Address:	City, State, Zip:
Home Phone:	Cell Phone:

<b>Employment Information:</b>	
<b>Company Name:</b>	<b>Job Title:</b>
Check one:  <input type="checkbox"/> Non Profit <input type="checkbox"/> Government <input type="checkbox"/> Corporate <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:	
Company Address:	City, State, Zip:
Phone:	E-Mail Address:

Please submit your resume detailing your employment history, education, community involvement, etc. with your application.

The following information will be reviewed by the selection committee to determine your qualifications for the program. Please answer the questions on a separate sheet of paper. The essays should be typed in 12 pt. Times New Roman font, double spaced, and should not exceed 3 pages.

<b>1. Family Background</b>
Describe your family childhood and background. This can include where your family comes from. Also describe the influence your past has had on your current personal and professional life.
<b>2. Personal</b>
Tell us about your proudest accomplishment. What personal challenges prevailed to get to where you are today? Describe your strengths and areas of improvement.
<b>3. Education</b>
Describe your educational background and share any obstacles you faced as you were earning your education.
<b>4. Community Involvement and Impact</b>
Describe your past and current volunteer, leadership, and workplace activities and the kinds of contributions you have made to your community through these activities. Tell us how you would like to expand your involvement in the future and what area or focus you would like to impact and why.
<b>5. Leadership</b>
Please define leadership. Please share the type of leadership role you would like to carry out in the next 5 to 10 years and why.
<b>6. Program Information</b>
Why are you interested in this program? Describe what you hope to gain or learn from the program and what unique contributions you would like to bring to the program.
<b>7. Mentors</b>
What do you hope to gain from your interaction with your mentor? Are there any specific needs you want addressed? If so, what are these needs and how do you think your mentor could best address them?

<b>AGREEMENT</b>
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If I am selected for this program, I agree to participate to the best of my ability, attend all trainings, including weekend events. If I fail to participate, have more than 3 unexcused/excused absences, I understand I will be terminated from the program. I will work with my mentor for one year and complete a community action project. By signing below, I certify I am between the ages of 20 and 30.

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Signature Date

<b>CHECKLIST</b>
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**Please staple the completed checklist to your completed application packet with your references, application fee, and reference contact information.**

Please submit your complete application packet that includes:

- Application
- Completed essay responses
- Resume
- 2 Reference names and contact information
- \$ 25 check or money order or completed Fee Waiver Form

Make check or money order payable to:

ASISTA: Greater Des Moines Latina Leadership Initiative

*Reference forms should be sent to the persons you have selected for your references. They should send their completed reference by **Aug. 1, 2012** directly to the Greater Des Moines Latina Leadership Initiative address below.*

<b>Reference #1 Information</b>	
Name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:

<b>Reference #2 Information</b>	
Name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:

**Mail or E-mail your complete application packet to the address below:**

Greater Des Moines Latina Leadership Initiative  
C/O ASISTA  
2925 Ingersoll Ave., Suite 3  
Des Moines, IA 50312

**For questions, please contact:**

Maria Laura Mayorga  
Phone: (515) 244-2469  
Fax: (515) 868-0089  
[Mlaura@asistahelp.org](mailto:Mlaura@asistahelp.org)

<b>REFERENCE FORM</b>
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**To be filled out by your reference.**

*Please send your completed reference form by Aug. 1, 2012 directly to the Greater Des Moines Latina Leadership Initiative address below.*

<b>Personal Information:</b>	
Reference for:	
Your name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:
Number of years you have known the applicant:	

1. What experience(s) do you have working with the applicant and in what capacity?
  
2. What do you consider her strengths?
  - a)
  - b)
  - c)
3. Describe her community or volunteer involvement.
  
4. How do you think she will benefit from the Latina Leadership Project?

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Signature

Date

Please return by **August 1, 2012** to:  
Name: Maria Laura Mayorga  
E-mail: [mlaura@asistahelp.org](mailto:mlaura@asistahelp.org)  
Phone: (515) 244-2469

Mailing Address:  
Greater Des Moines Latina Leadership  
Initiative  
C/O ASISTA  
2925 Ingersoll Ave., Suite 3  
Des Moines, IA 50312

**REFERENCE FORM**

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Address:	City, State, Zip:
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Number of years you have known the applicant:	

1. What experience(s) do you have working with the applicant and in what capacity?
  
2. What do you consider her strengths?
  - a)
  - b)
  - c)
3. Describe her community or volunteer involvement.
  
4. How do you think she will benefit from the Latina Leadership Project?

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Signature

Date

Please return by **August 1, 2012** to:  
Name: Maria Laura Mayorga  
E-mail: [mlaura@asistahelp.org](mailto:mlaura@asistahelp.org)  
Phone: (515) 244-2469

Mailing Address:  
Greater Des Moines Latina Leadership  
Initiative  
C/O ASISTA  
2925 Ingersoll Ave., Suite 3  
Des Moines, IA 50312