

**2021-2023 Community College Leadership Academy**

**Participation Form**

**Individual Enrollment:**

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **College:** |  |
|  |  |
| **E-mail:** |  |
|  |  |
| **Phone:** |  |
|  |  |
| **Mailing Address:** |  |

**I understand the 2-Year Leadership Academy, 2021-2023, is a 2-year commitment.**

**Fee to participate is a flat rate. $1,250 per year; $2,500 total for 2-years, 10-sessions**

**Payment due October 31 of each participating year.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Participant Signature* |  | *Date* |

***Return complete form to Mabel Franks, Welty Center Director***

***Scan and email to*** [**mafranks@mail.fresnostate.edu**](mailto:mafranks@mail.fresnostate.edu)***.***

***Invoice will be sent upon receipt of completed form for individuals.***

***Contact Mabel Franks at 559-529-2251 for more information***



**2021-2023 Community College Leadership Academy**

**Participation Form**

**Group Enrollment Submitted with Approval of College Official :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **College:** |  | | | | | |
| **Mailing Address:** | | |  | | | |
| **President/Designee’s Name:** | | | |  | | |
| **Contact’s Name:** | |  | | | **Phone:** |  |
| **Contact’s Email:** | |  | | | | |

Member(s) of our district will participate in the **2-Year Leadership Academy, 2021-2023**. I understand the training is a 2-year commitment.

**Fee to participate is a flat rate. $1,250 per individual per year; $2,500 total for 2-year, 10-sessions, per individual**

*(Add lines as needed)*

|  |  |
| --- | --- |
| **Participant Name** | **Email Address** |
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|  |  |  |
| --- | --- | --- |
|  |  |  |
| President/Designee Signature |  | Date |

***Return completed form to Mabel Franks, Welty Center Director.***

***Scan and email to*** [**mafranks@mail.fresnostate.edu**](mailto:mafranks@mail.fresnostate.edu)***.***

***Invoice will be sent following receipt of PO for group enrollments.***