

# SOCIAL ENTERPRISE

## PROGRAMS

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

### APPLICATION FOR SCHOLARSHIP ADMISSION THROUGH:

PLEASE INDICATE THE PROGRAM(S) FOR WHICH YOU ARE APPLYING:

- Governing for Nonprofit Excellence (GNE): Critical Issues for Board Leadership (*intended for voluntary board members, such as chairs, vice chairs, committee members or other board members. This program is not intended for individuals in chief executive officer or executive director roles.*)
- Performance Measurement for Effective Management of Nonprofit Organizations (PMNO) (*intended for senior leaders, such as executive directors, chief financial officers, chief operating officers, deputy directors, and board members*)
- Strategic Perspectives in Nonprofit Management (SPNM) (*intended for chief executive officers and executive directors*)

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee. This is a writeable PDF. You may type directly on this form, or print it and complete it by hand. *Please type or print legibly.*

**NOTE:** You must use [Acrobat Reader 9.0](#) or higher to complete, save, and send this form electronically.

### 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/POSITION OR BOARD ROLE:

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*):

BUSINESS NAME (*if different from nonprofit information noted above*):

BUSINESS ADDRESS (*if different from nonprofit information noted above*):

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

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

BUSINESS TELEPHONE:

FAX:

BUSINESS WEBSITE:

EMAIL:

YOUR HOME ADDRESS:

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

HOME TELEPHONE:

MOBILE TELEPHONE:

PREFERRED MAILING ADDRESS:

NONPROFIT ADDRESS

BUSINESS ADDRESS

HOME ADDRESS

### LANGUAGE PROFICIENCY

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



HARVARD | BUSINESS | SCHOOL

Executive Education

**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 <i>(if applicable)</i>	YOUR ORGANIZATION
Founding date: _____	_____
Organization's annual budget <i>(in U.S. dollars)</i> : \$ <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: <i>(if applicable)</i> _____	_____
Size of board: _____	_____
Size of Executive Committee <i>(or similar)</i> : _____	_____
Employees reporting to you: _____	_____
Number of affiliates/chapters <i>(if applicable)</i> : _____	_____

**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/grantmaking        | <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 <i>(please specify)</i> : _____ |

**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 <i>(please specify)</i> : _____ |
| <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 MOST CRITICAL BOARD-RELATED STRATEGIC AND GOVERNANCE ISSUE(S) FACING THE NONPROFIT ORGANIZATION WITH WHICH YOU ARE INVOLVED?**

*GNE applicants, please address board related strategic and governance issues.*

*PMNO applicants, please address performance measurement related issues.*

*SPNM applicants, please elaborate on the key strategic and operational challenges/opportunities.*

**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.**

## WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM <i>Month/Year</i>	TO <i>Month/Year</i>

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: \_\_\_\_\_

## NONPROFIT BOARD MEMBERSHIPS

Please provide the following information for up to four additional nonprofit boards on which you **currently** serve.

### SUBSECTOR CODES

- |   |  |   |
|---|--|---|
| <b>A</b> Arts/culture/humanities        | <b>E</b> Environmental conservation    | <b>I</b> Human and social services            |
| <b>B</b> Civic/advocacy                 | <b>F</b> Foundation/grantmaking        | <b>J</b> International development and relief |
| <b>C</b> Community/economic development | <b>G</b> Healthcare                    | <b>K</b> Religion                             |
| <b>D</b> Education                      | <b>H</b> Housing and urban development | Other ( <i>please specify</i> ):              |

NAME	SUBSECTOR CODE
1 <i>Nonprofit organization</i>	
2	
3	
4	
5	

## OTHER ACTIVITIES

Please indicate any other **major** current and past professional activities (*e.g., leadership of professional organizations, etc.*).

ACTIVITIES	FROM <i>Month/Year</i>	TO <i>Month/Year</i>

# 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 in 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)*.

List anyone else from your organization applying to any HBS Social Enterprise 2012/2013 program and specify which program(s). Team participation may be permitted for the GNE program and PMNO programs only. Each applicant must complete a separate application.

# SPONSORSHIP

All candidates for *Strategic Perspectives in Nonprofit Management (SPNM)* and *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)* must be nominated and sponsored by their organizations.

*Governing for Nonprofit Excellence* candidates may self-sponsor (please indicate who will assume responsibility for the fee.)

- participant
- sponsoring organization

If the organization is sponsoring, please have the chief executive complete the information below.

**The following part of the application must be completed by the organization's highest full-time paid staff member (in many cases, this is the applicant himself/herself) and for SPNM candidates by the organization's board chair.**

NAME OF ORGANIZATION: \_\_\_\_\_

nominates this candidate for participation in the *Social Enterprise Programs*. 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. The sponsoring employer certifies that the employee is an employee in good standing, that the employer has approved the employee's participation in the program, and that the employer will notify HBS if there is any material change in the employee's status prior to the program.

The CEO of my nonprofit organization supports my attendance  YES  NO

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: \_\_\_\_\_

## SPNM Applicants only

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

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 from the sponsoring organization or an HBS approved Scholarship Awarding Organization 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. By typing in my name above, I am confirming the terms of this application.

# BILLING INFORMATION

*(To be completed by Scholarship Awarding Organizations prior to the submittal of finalist applications to HBS):*

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.*

**PLEASE RETURN THIS APPLICATION TO** *(to be completed by Scholarship Awarding Organization):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_