

SOCIAL ENTERPRISE PROGRAMS

PLEASE SPECIFY SESSION DATE: _____

APPLICATION FOR SCHOLARSHIP ADMISSION THROUGH: Harvard Business School Club of New York Community Partners

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

- ☐ Governing for Nonprofit Excellence—Virtual (GNEV) *(intended for members of nonprofit boards of directors or C-suite level nonprofit executives who are engaged in strategic, governance-level decision-making, and who work extensively with the board of directors)*
- ☐ Driving Nonprofit Performance and Innovation—Virtual (DNPIV) *(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. This application must be fully completed and signed before review by the Admissions Committee.

It is the applicant's responsibility to notify Harvard Business School of any change in employment status that occurs between the time this application is submitted and the start of the program.

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand.

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

SIGNATURE OF APPLICANT: _____

DATE: _____

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

GENERAL INFORMATION

As an education provider we are asked by many groups, including our own leadership, executive education guides, and the press, to describe the ethnic/racial backgrounds of our participants and employees. In order to respond to these requests, we ask US citizens to answer the following two questions.

ARE YOU HISPANIC OR LATINX? ☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latinx | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Prefer not to answer | | |

We understand that your racial, ethnic, and cultural background may not be fully captured by the above options. Please feel free to use the space below to share more about your racial, ethnicity, or cultural identity.

HOW WOULD YOU DESCRIBE YOUR GENDER?

- | | | |
|---|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Gender queer/gender non-conforming |
| <input type="checkbox"/> Trans female/trans woman | <input type="checkbox"/> Trans male/trans man | <input type="checkbox"/> A different identity |
| <input type="checkbox"/> Prefer not to answer | | |

NAME:

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____

COUNTRY OF CITIZENSHIP: _____

DATE OF BIRTH: _____

Month/Day/Year

TITLE/POSITION OR BOARD ROLE: _____

NAME OF NONPROFIT ORGANIZATION: _____

NONPROFIT ADDRESS:

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

Street

City

State/Country

Zip Code/Postal Code



HARVARD | BUSINESS | SCHOOL
Executive Education

ORGANIZATION WEBSITE: _____

YOUR PRIMARY EMAIL *(to be used for admissions correspondence)*: _____

NONPROFIT TELEPHONE: _____

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

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

BUSINESS TITLE/ROLE *(if different from nonprofit information noted above)*: _____

BUSINESS ADDRESS *(if different from nonprofit information noted above)*:
(P.O. boxes only accepted outside the U.S.) _____
Street City State/Country Zip Code/Postal Code

BUSINESS TELEPHONE: _____

EMAIL: _____

BUSINESS WEBSITE: _____

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.

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

GNEV applicants, are you a voluntary member of the board of trustees (not an employee of the organization)? ☐ YES ☐ NO

NATIONAL/PARENT ORGANIZATION <i>(if applicable)</i>	YOUR ORGANIZATION
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"/>
Founding date: _____	_____
Number of paid full-time employees: _____	_____
Approximate number of volunteer employees: _____	_____
Total annual beneficiaries: <i>(if applicable)</i> _____	_____
Total membership: <i>(if applicable)</i> _____	_____
Size of board: _____	_____
Employees reporting to you: _____	_____

Please indicate your organization's primary source of funding (>50%). If funding is received from multiple sources, please indicate the top three funding sources.

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

☐ Corporate funding

☐ Government (all levels)

☐ Other (please specify):

☐ Endowment income

☐ Individual donors

☐ Fees for services/products

☐ Private foundations

Please indicate your organization's subsector. (please select the closest fit and select one only):

☐ Arts, culture, humanities

☐ Environmental conservation

☐ Human and social services

☐ Civic/advocacy

☐ Foundation/grantmaking

☐ International development and relief

☐ Community/economic development

☐ Healthcare

☐ Religion

☐ Education

☐ Housing and urban development

☐ Other (please specify only if no other choices are a reasonable fit):

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

☐ Accounting/control

☐ Governance

☐ Operations/program

☐ Finance

☐ Human resources

☐ Planning

☐ Fundraising/development

☐ Information services

☐ Public relations

☐ General management

☐ Marketing

☐ Other (please specify only if no other choices are a reasonable fit):

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

PLEASE PROVIDE AN OVERVIEW OF THE ORGANIZATIONAL STRUCTURE. INCLUDE A SUMMARY OF YOUR RESPONSIBILITIES AND AN OUTLINE OF KEY DEPARTMENTS AND REPORTING RELATIONSHIPS.

WHAT DO YOU CONSIDER TO BE THE MOST CRITICAL STRATEGIC ISSUE(S) FACING THE NONPROFIT ORGANIZATION WITH WHICH YOU ARE INVOLVED?

GNEV applicants, please address board related strategic and governance issues.

DNPIV applicants, please focus on issues related to how you measure your organization's impact, as well as the opportunities/challenges you are facing in this area.

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, or most recent one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM (MM/YYYY)	TO (MM/YYYY <i>or</i> CURRENT <i>if employed</i>)

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: _____

NONPROFIT BOARD MEMBERSHIPS

Please provide the following information for up to five additional nonprofit boards on which you **currently** serve as a Trustee/Board Member. Please also note an approximate budget for each in U.S. Dollars.

SUBSECTOR CODES

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

NAME OF NONPROFIT ORGANIZATION	BUDGET (IN U.S. DOLLARS)	SUBSECTOR CODE
1		
2		
3		
4		
5		

OTHER ACTIVITIES

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

ACTIVITIES	FROM (MM/YYYY)	TO (MM/YYYY <i>or</i> CURRENT)

EDUCATION

DEGREE (*check only
highest level attained*):

☐ High School
☐ JD/Law

☐ Two-Year College
☐ PhD

☐ BS/BA
☐ MD

☐ MS/MA
☐ Foreign Diploma

☐ MBA
☐ Other

☐ Harvard MBA

UNIVERSITY: _____

YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL OR HAUSER CENTER PROGRAMS?

PROGRAM NAME _____

DATE _____

HOW DID YOU LEARN ABOUT THIS PROGRAM?

☐ Direct mail package

☐ Online advertisement

☐ Social media

☐ HBS email notification

☐ Podcast advertisement

☐ Other (*specify*): _____

☐ HBS Executive Education website

☐ Print advertisement

☐ Internet search

☐ Radio advertisement

WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?

☐ A previous participant in an HBS Executive Education program
Participant Name _____
Program/Year _____

☐ An MBA graduate of HBS

☐ Other (*specify*): _____

☐ Division Head or Manager

☐ HBS faculty

☐ HBS Executive Education Program Advising

☐ Human resource department

☐ HBS Executive Education Client Development

IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ CFO

☐ MIT Sloan Management Review

☐ Wall Street Journal

☐ Chief Executive

☐ New York Times

☐ Other (*specify*): _____

☐ Harvard Business Review

☐ strategy+business

IF YOU SAW A DIGITAL ADVERTISEMENT, PLEASE SPECIFY WHERE:

☐ BBC

☐ Harvard Business Review

☐ Wall Street Journal

☐ Fast Company

☐ New York Times

☐ Other (*specify*): _____

☐ Financial Times

☐ strategy+business

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

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, according to the invoice terms.

I have read the cancellation policy and agree to the terms stated. *(please initial here)* _____

NOMINATING INFORMATION

Please provide the nominating executive's contact information. The nominating executive may be a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate. Please note that the nominating executive must be someone other than the applicant. HBS may contact the nominating executive as part of the application review process.

SIGNATURE OF NOMINATING EXECUTIVE: _____ DATE: _____

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

TITLE OR POSITION: _____

REFERRING ORGANIZATION NAME: _____

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

REFERRING ORGANIZATION TELEPHONE: _____ EMAIL: _____

INVOICING 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 only accepted outside the U.S.) Street City State/Country Zip Code/Postal Code

TELEPHONE: _____ EMAIL: _____

Harvard Business School (HBS) is governed by a set of community values that foster honesty, respect for others, and accountability for one's actions. HBS considers these values essential for a safe and productive learning environment for all. Harvard Business School reserves the right to withdraw an offer of admission in the event that any part of your application contains misrepresentations, or if you engage in, or have engaged in, behavior that violates HBS Community Values.

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):*

[Name of Scholarship Awarding Organization]

[address line 1]

[address line 2]

[address line 3]

[email and/or fax]
