

**APPLICATION**

The National Eagle Leadership Institute® welcomes your application for the 2005 Corporate Bound Academy™ Leadership Challenge. **The application deadline is October 17, 2005.** For more information about Corporate Bound Academy™, visit [www.corporateboundacademy.com](http://www.corporateboundacademy.com), or call us at 913.317.2888.

**CHECKLIST**

Before mailing your application, check your schedule. You must be able to attend the entire session, scheduled for Wednesday, November 16 thru Saturday, November 19, 2005. Ensure that the following items are enclosed with your completed application. Incomplete applications will not be considered.

- One letter of recommendation (from academic advisor or department head)
- \$249.00 registration fee

**ELIGIBILITY**

Corporate Bound Academy™ is open to student leaders who meet the following minimum criteria.

- African-American or Hispanic/Latino
- Full-time junior or senior attending an accredited college or university within the continental U.S.
- Minimum 2.8 GPA

**MAILING ADDRESS**

Submit application to the following address: Corporate Bound Academy™ • c/o National Eagle Leadership Institute  
7300 W. 110th Street, 7th Floor • Overland Park, KS 66210  
FAX: 913.345.1053

**APPLICANT DATA** *(Please print clearly and ensure that all information provided is correct.)*

College/University Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  male  female Ethnicity:  African American  Hispanic/Latino  Other

Campus/Dorm/Apt. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent/Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT**

As a safety measure, NELI will file emergency contact information for each student attending Corporate Bound Academy™. The emergency Contact should be someone who can speak on behalf of the applicant in case of emergency and who will not be attending Corporate Bound Academy™ (i.e., a parent, a guardian, a professor).

Emergency Contact Name: \_\_\_\_\_

Relation (i.e., mother, father, guardian): \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**EDUCATION** *(The following info must be current as of the date application is submitted.)*

Current Classification:  Junior  Senior Expected Graduation Date (month/year): \_\_\_\_/\_\_\_\_ GPA \_\_\_\_\_

Current Major: \_\_\_\_\_ Current Minor (if applicable): \_\_\_\_\_

Academic Advisor's Name & Title: \_\_\_\_\_

Advisor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Advisor's E-mail: \_\_\_\_\_

**STUDENT LEADERSHIP**

List campus, community, or professional organizations in which you have held a leadership role.

1. \_\_\_\_\_

2. \_\_\_\_\_

List your strengths that you believe make you an exceptional leader.

1. \_\_\_\_\_

2. \_\_\_\_\_

## WORK **EXPERIENCE**

Intended Career Field: \_\_\_\_\_

Work Experience (If applicable, list current and/or prior employers related to your intended career):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you currently employed in a corporate internship?  yes  no

If yes, please complete this section. If no, skip to Advisor Data.

Company Name: \_\_\_\_\_

Internship Manager/Coordinator: \_\_\_\_\_

Manager's Direct Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is this a paid internship?  yes  no

Approximate number of hours you work each week:  less than 10  10 - 20  20 - 30  more than 30

In what department are you usually assigned? \_\_\_\_\_

Briefly describe your job responsibilities: \_\_\_\_\_

## ADVISOR **DATA**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

College/University/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**If your student is selected for Corporate Bound Academy™, will you agree to the following?**

I/my organization will ensure that he/she is able to attend the full session (Wed., Nov. 16 — Sat., Nov. 19).  yes  no

My organization will sponsor the application fee, transportation and hotel accommodations for our student.  yes  no

**On official university or company letterhead, please attach a letter of recommendation describing your student's affinity for corporate leadership.**

## APPLICATION **FEE**

**Consideration for Corporate Bound Academy™ includes a registration fee of \$249.00.**

Select Payment Option:  Check, Money Order/Cashier's Check Attached\*  Visa  MasterCard  AMEX

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Billing Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Purchaser's Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_ Signature: \_\_\_\_\_

(required for processing)

**Payment Terms\*** — Payment must be received along with your application for processing. No personal checks please. NELI will accept university and company checks only. Personal cash payments must be in the form of a money order or cashier's check. **DO NOT SEND CASH.** Make checks payable to National Eagle Leadership Institute, and attach to application form.

**Hotel Accommodations** — Confirm hotel reservations direct with the Hotel InterContinental in New Orleans, Louisiana. Call toll-free, 1.800.445.6563.

**Cancellations** — A full refund, less a \$49.00 processing fee, will be granted for written cancellations postmarked or faxed by October 31, 2005. Cancellations will not be accepted after October 31, 2005. No-show registrants will not be refunded.

## **SIGNATURES**

I agree to the terms of participation in Corporate Bound Academy™. My signature confirms the accuracy and completeness of the information provided.

\_\_\_\_\_  
Student Applicant's Signature

\_\_\_\_\_  
Date

My signature supports the above-signed applicant and validates that this student's GPA is accurate as stated.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date