



Virginia Police Chiefs
FOUNDATION

Professional Executive Leadership School (PELS)
Application and Nomination form

Please check session preference:

(Although every reasonable effort will be made to accommodate your session preference, session choices cannot be guaranteed)

- Session 29September 12-16; October 10-14; & November 7-10, 2011
- Session 30January 9-13; February 6-10; & March 5-8, 2012
- Session 31September 17-21; October 15-19; & November 12-15, 2012

APPLICANT INFORMATION (Please type or print clearly)

Full Name: _____ Rank/Title: _____
(Last, First, MI)

Employed by: _____ Phone: _____

Mailing Address: _____ Fax: _____

City, State, Zip Code: _____ E-Mail: _____

In accordance with Title II of the Americans with Disabilities Act of 1990, please check box if you will require special accommodations at this program, and indicate the type of accommodations you require: _____

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE:

Attached to my application are the following required forms (please check box next to each item):

- My résumé including my work history, training, and education background;
- An organizational chart of my agency with my position clearly indicated on the chart; and
- A letter of interest to the PELS Selection Committee indicating why I want to attend PELS and my goals and expectations of the program.

Portions of the program may be audio taped, videotaped, or photographed, and your image may be used on VPCF's website or in promotional materials. Please initial here if you do not wish your image used _____.

I certify that all information submitted with my application is true and correct to the best of my knowledge and belief, and I understand and agree to the guidelines and requirements of the PELS program.

Applicant's Signature: _____ Date: _____

CERTIFICATION OF AGENCY CHIEF EXECUTIVE:

As chief executive of this agency/business, I certify the above-named applicant meets the PELS eligibility criteria, and I recommend and nominate this applicant to attend the Virginia Police Chiefs Foundation PELS Program. I understand that full-time attendance is mandatory.

Chief Executive: _____ Rank/Title: _____
(Last, First, MI)

Company/Agency: _____ Phone: _____

Signature of Chief Executive: _____ Date: _____

Mail completed application, along with attachments, to the address listed below. FAXED APPLICATIONS WILL NOT BE ACCEPTED!