



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)

- Twenty-Sixth Session January 11-15, February 8-12 & March 8-11, 2010
Twenty-Seventh Session September 13-17, October 11-15 & November 8-11, 2010
Twenty-Eighth Session January 10-14, February 7-11 & March 7-10, 2011

APPLICANT INFORMATION (Please type or print clearly)

Full Name: Rank/Title:
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:
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!

Presented by the Virginia Police Chiefs Foundation's Center for Leadership Education