



PERSONAL DATA

Name: _____ Date: _____ DOB: _____

Name of Employer: _____ Title _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ E-mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Home Email: _____

EDUCATION & TRAINING (begin with the most current regardless if you completed/graduated)

Institution: _____ Concentration/Major: _____ Date Graduated: _____

Institution: _____ Concentration/Major: _____ Date Graduated: _____

EMPLOYMENT HISTORY: (begin with the most current)

Employer Name: _____ Title: _____ Start/End Date: _____

Employer Name: _____ Title: _____ Start/End Date: _____

Employer Name: _____ Title: _____ Start/End Date: _____

COMMUNITY INVOLVEMENT (volunteer, community, board appointments, etc.)

Organization: _____ City: _____ Role: _____ Start/End Date: _____

Organization: _____ City: _____ Role: _____ Start/End Date: _____

Organization: _____ City: _____ Role: _____ Start/End Date: _____



COMMUNITY INTEREST QUESTIONS

What is this community’s most significant challenge and how would you choose to influence it?: _____

What community leadership role would you like to fulfill? Why?: _____

What unique perspective do you bring that will contribute to the diversity and richness of this class?: _____

How did you hear about this Leadership Program and why are you interested in participating?: _____

Tuition: A \$100 donation to the 100 Black Men of Greater South Bend, Inc.

Make checks payable to 100 Black Men of Greater South Bend, Inc. Write **MDLI** in the “notes” or “for” section of your check.

Send Donations To:
100 Black Men of Greater South Bend
Education Committee
2043 South Bend Ave. PMB 345
South Bend, Indiana 46637

Email Applications and Resumes to
info@100blackmenofsouthbend.org

Fax: 574.271-0780
Phone: 574.271-9799

Signature of Applicant

Sponsoring Person (please print)

Signature of Sponsoring Person

Sponsoring Organization