

## **SNA Iowa Future Leaders Academy**

## **Program Application**

Member #:
How long have you held this position?
State: Zip:
Phone:

Please answer the following.

1. What do you consider your most important leadership accomplishment and why?

2. What do you consider to be SNA Iowa's most important purpose and would you like to contribute?

4. Is there any additional information you believe would assist the selection	on committee in assessing your application?
The SNA Iowa Future Leaders Academy program year requires a signification be (7) meetings that are mandatory. It will be a combination of Zoom which will coincide with other SNAI state events throughout the year. It classes for this program and missing a session could affect your complete.	irtual format and a few live in-person meetings t is important to note there are no "make up'
If selected, does your job and/or family obligations enable you to commit to full participation in the SNAI Future Leaders Academy program year? YES NO	
MEMBERSHIP & CERTIFICATION CONFIRMATION: I hereby confirm that I am a current SNAI member AND that I am currently certified by SNA or SNS Credentialed – (if not certified you must be by July 31, 2025)	
Membership expiration: SNA	A certificate expiration:
Applicants Signature	Date
As the applicant's Supervisor/Director, I approve the participation in this program and understand the time committment involved.	
Supervisor Signature	Date

3. What do you hope to gain from your Future Leaders Academy experience? What topics do you feel would be beneficial?

\*\*\*\*\*\*\*\* \$50 Program fee to participate. \*\*\*\*\*\*\*\*\*

Travel expenses will be the responsibility of the participant.