*Lead*DIVERSITY 2025 2026 PROGRAM APPLICATION APPLICATIONS ARE DUE Monday July 14, 2025

LeadDIVERSITY

PERSONAL DATA

Developing Leaders in Diversity, Equity, Inclusion & Belonging

Please assist us by completing	adDIVERSITY program is to represent a cro all of the following (please print):	A program of The Diversity Center of Northeast Ohio		
Last Name	Fir.	First Name		
Preferred version of name (if d	ifferent from above)			
Cultural Background				
Date of Birth		_ Place of Birth		
Gender Identity Pronouns (ex: she		onouns (ex: she, her, hers)		
Race		_ Religion		
Home Address (street, city, zip)			
Home Phone		Home E-mail		
Organization		Title		
Business Address (street, city, 2	zip)			
Business Phone		Cell Phone		
How did you hear about <i>Lead</i> D	DIVERSITY?			
PARTICIPATION				
In order to accomplish the programmendatory. Participants may I		each individual is necessary. Participation includes 9 sessions. The first session is rogram dates. Participation at each session requires attendance for the entire pant's eligibility for graduation.		
In order to accomplish the prog mandatory. Participants may I scheduled session. Missing mo	miss no more than two of the scheduled p	rogram dates. Participation at each session requires attendance for the entire pant's eligibility for graduation.		
In order to accomplish the programmendatory. Participants may i scheduled session. Missing mod	miss no more than two of the scheduled pre than two sessions will jeopardize partice of the scheduled process and I am a	rogram dates. Participation at each session requires attendance for the entire pant's eligibility for graduation.		
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In order to accomplish the program and atory. Participants may a scheduled session. Missing model of the program of the progra	miss no more than two of the scheduled pre than two sessions will jeopardize particular mompetitive application process and I am a late you have read this section and agree the FOLLOWING DATES ON YOUR CALENDATION TO THE TOTAL TO THE TOTAL MANDATORY — Do not apply if you	rogram dates. Participation at each session requires attendance for the entire pant's eligibility for graduation. ble to fulfill this time requirement. meet the requirements: R: bu cannot make this session)		

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REFERENCES/LETTER OF RECOMMENDATION

Please submit two references who are able to comment on your leadership and commitment to creating diversity, equity, inclusion, and belonging.			
Name 1	Relationship		
	E-mail		
Name 2	Relationship		
Phone Number	E-mail		

You may also choose to submit one letter of recommendation from your employer or a community agency. This letter is optional.

SUPERVISOR INFORMATION				
My direct supervisor is aware of <i>Lead</i> DIVERSITY and supports my full participation in the program. <i>Please attach a brief letter from your supervisor indicating their support of your participation and their knowledge of the attendance requirements.</i>				
Not Applicable				
Name of Supervisor	Tit ^l	e		
Business Address (street, city, zip)				
Phone	E-r	nail		
	ponsor themselves, with agre- icipate. To that end, a limited ne class. If requesting a partial , you and/or your employer w	number of partial scholarships are available. Scholarship rescholarship, please check the box below and indicate what		
ESSAY AND RESUME				
 Please attach a brief essay explaining why you believe you your employer. Please attach a resume detailing your education, employr 				
APPLICATION REVIEW				
 This application may be submitted any of the following ways: Fax: 216.752.4974, ATTN: Jessica A. Daigler Mail: 3659 Green Road, Suite 230, Cleveland, OH 44122 E-mail: jdaigler@diversitycenterneo.org To download additional brochures and applications, pleas The application deadline is Monday, July 14, 2025. Your participation status will be confirmed via e-mail by Augus 		eo.org/leaddiversity		
ATTACHMENTS				
Letter of Recommendation Participation Note from Supervisor Resume Essay	026, I give permission for my	photo and/or video image to be used in any publicity materials		
YES NO				
I verify that the information in this application is complete and accurate to the best of my knowledge.				
Signature	D	ate		
EMERGENCY CONTACT INFORMATION				
NamePh	none	Relationship		