



# ***ASELI***

## **Aspiring Special Education Leadership Institute**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Location and School Division: \_\_\_\_\_

Current Assignment: \_\_\_\_\_

Yrs of Experience in Current Assignment: \_\_\_\_\_ Yrs of Educational Experience: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Licenses Held In Indiana: \_\_\_\_\_

Superintendent or Designee: \_\_\_\_\_

Special Education Director: \_\_\_\_\_

Develop and attach a statement (500 words or less) indicating why you are interested in participating in this leadership institute. Discuss your beliefs, abilities and leadership experiences.

Attach a current résumé listing formal education including degree(s) earned, work experiences related to special education, administration, professional and civic activities, and other pertinent information.

By typing your name you certify that the information you are providing is complete and true to the best of your knowledge.

\_\_\_\_\_

Please email your application and supporting documents to: [aseli.indiana@gmail.com](mailto:aseli.indiana@gmail.com)