



**Hispanic Alliance Leadership Development Initiative  
Cohort VI - 2018 HALDI Application Form**

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**Personal Information:**

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Preferred primary contact location: (please circle)      Home      Work

Emergency contact \_\_\_\_\_

**Education**

Undergraduate Degree \_\_\_\_\_ Major \_\_\_\_\_

College/University \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Degree program \_\_\_\_\_

College/University \_\_\_\_\_

How did you hear about HALDI?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a participant in this year's program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Demographic Information**

*The requested information will assist the Hispanic Alliance as we gather data for resource development. All information is confidential. Data is presented in the aggregate.*

Gender:  Male  Female Age:  20 or under;  21 – 30;  31 – 40;  41 – 50;  50 plus

Race/Ethnicity: \_\_\_\_\_ What is your familial Country of origin: \_\_\_\_\_

Language(s) spoken with fluency:  None  Spanish  English  Other: \_\_\_\_\_

In what area do you work or study: \_\_\_\_\_

Private Company  Government Agency  NGO (Not Affiliate with Hispanic Alliance)

NGO (Affiliate with Hispanic Alliance)  Private University  Public University

**Confirmation of Application**

By submitting this application, I affirm that I have read the complete application and that, to the best of my belief and knowledge, the information I have provided is complete and accurate. If selected to attend HALDI, I agree to the following:

1. Attend Orientation Meeting on August 17<sup>th</sup> 2017, from 5:30 p.m. – 7:30 p.m.
2. Attend all scheduled sessions, held on the 3<sup>rd</sup> Friday of the month, September 2017 to April 2018
3. Engage in the *Community Leadership Project* and contribute to the derived work.
4. Attend the HALDI graduation ceremony, where a formal group presentation of the Community Leadership Projects will be showcased.
5. Pay the program fees (check or money order made payable to: **Hispanic Alliance, Inc.**)

MY SIGNATURE BELOW AFFIRMS THAT I UNDERSTAND AND AGREE TO THE RESPONSIBILITIES AND COMMITMENTS RELATED TO HALDI.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Checklist of Required Documentation**

- Completed/Signed HALDI application and nomination forms
- Current resume and short professional biography
- Two professional reference letters
- A one-page statement on how HALDI will help you in your professional career and civic engagement
- Check or money order payable to: **Hispanic Alliance, Inc.** (See fee schedule)

Mail or drop off completed application with all required documents by **5 p.m. Friday, July 28, 2017**, to:  
**Hispanic Alliance, Attn: HALDI Selection Committee, 3110 West 25<sup>th</sup> Street, Cleveland, Ohio 44109**

3110 West 25<sup>th</sup> Street / Cleveland, Ohio / (216) 661-4249 / [www.haldiclev.org](http://www.haldiclev.org)