



**Hispanic Alliance Leadership Development Initiative
Cohort VIII - 2020 HALDI Application Form**

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 28th 2019, from 5:30 p.m. – 7:30 p.m.
2. Attend all scheduled sessions, from September 2019 to May 2020
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 payable to: **Hispanic Alliance, Inc.** (If this is applicable)

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.** (If this is applicable)

Mail or drop off completed application with all required documents by **5 p.m. Friday, July 30, 2019**, to:
Hispanic Alliance, Attn: HALDI Selection Committee, 3110 West 25th Street, Cleveland, Ohio 44109

3110 West 25th Street / Cleveland, Ohio / (216) 661-4249 / www.haldiclev.org