



# Leadership Advancing Character & Culture in Schools (LACCS)

Completion of this form is necessary for consideration in the 2014-15 LACCS cohort at Alverno College. You will receive updated information regarding LACCS as it becomes available. School leadership teams are encouraged to apply as well as individuals. School teams should include a school administrator.

## APPLICATION

For 2014-15, this \$4500/participant one-year program will be priced at \$1000/participant. Some additional financial support may be available. Requests with explanation of financial need should be submitted in writing. An additional fee will be charged for graduate credit (optional).

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname (if appropriate for nametags) \_\_\_\_\_

Home address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home e-mail \_\_\_\_\_

School district \_\_\_\_\_ School \_\_\_\_\_

Work address \_\_\_\_\_

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

Work phone \_\_\_\_\_ Fax number \_\_\_\_\_

School e-mail address \_\_\_\_\_ Total years as an educator \_\_\_\_\_

Current position \_\_\_\_\_ Total years in current role \_\_\_\_\_

Number of years at current school \_\_\_\_\_

What is your school's professional development budget? \_\_\_\_\_

**PLEASE CONTINUE YOUR APPLICATION BY ANSWERING THE QUESTIONS LOCATED ON PAGE TWO OF THIS FORM.**

**LACCS PARTICIPANTS WILL BE SELECTED BASED UPON ANSWERS TO THE FOLLOWING QUESTIONS:**  
(Feel free to attach additional paper if necessary.)

1. What do you hope to gain from your experience In the year-long program?

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2. Does your school currently have an intentional character education initiative? (If no, go to question 4. If yes, please describe it briefly.)

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3. What is (or will be) your role in character education in your school? If you are not centrally responsible, who is?

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4. What are the barriers, (past, present and future) to implementing character education in your school?

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5. How will you arrange for your responsibilities to be covered when you are out of your building to attend the monthly meetings?

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6. Do you have any special needs for participation in the program?

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This completed application must be accompanied by a letter of support from your immediate supervisor stating that he or she will support your attendance at each LACCS session throughout the year.

**FOR MORE INFORMATION...**

Contact Judy Reisetter Hart, Alverno College Institute for Educational Outreach, (414) 382-6431 or [Judith.Reisetter@alverno.edu](mailto:Judith.Reisetter@alverno.edu)

**TO REGISTER, SEND THIS FORM TO:** LACCS, Alverno College Institute for Educational Outreach, 3400 South 43rd Street, P.O. Box 343922, Milwaukee, WI 53234-3922 or fax to (414) 382-6088.