2026/27 ADVANCED EDUCATION POLICY LEADERSHIP APPLICATION

Click the fields provided below to fill out this application.

PERSONAL INFORMATION

Name		
Street Address		
City	State	Zip Code
Phone (Preferred)	e-mail (Preferred)	
Race / Ethnicity (Optional)	My gender identifies (Optional)	

PROFESSIONAL INFORMATION

Organization Name		Title
Organization Street Address		
City	State	Zip Code

EDUCATION (Please cite most recent institution first)

University / College	City, State	Major Field	Degree	Date

This application MUST BE SIGNED, AND DATED (Typed name along with date can serve as signature.)

Signature of Applicant	Date

☐ **CHECK THIS BOX if you are your OWN SPONSOR.** (If you are your own sponsor the next page is NOT required.)

AEPLP ADVANCED EDUCATION POLICY LEADERSHIP PROGRAM

SPONSORSHIP OF YOUR EMPLOYING ORGANIZATION

SPONSOR

Sponsor's Name		
Title		
Organization		
Street Address		
City	State	Zip Code
Phone	e-mail	

Signature of Sponsor	Date

Please click the button to submit

SUBMIT APPLICATION

or attach to an email to:

John Ward: jward@centerforpolicy.org

or

Sabrina Williams: swilliams@centerforpolicy.org

or

Dan Loritz: dloritz@centerforpolicy.org