



**Application for**  
**The Community Leadership Institute**  
*Center for Nonprofit Management, University of St. Thomas*  
1000 LaSalle Avenue, TMH 153, Minneapolis, MN 55403-2005

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

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

City State Zip

Home Phone: \_\_\_\_\_  
area code and number

Work Phone: \_\_\_\_\_  
area code and number

E-mail Address: \_\_\_\_\_

**Participants in the Community Leadership Institute generally work/volunteer in a community center that is part of the Metropolitan Alliance of Community Centers (MACC) or volunteer with a neighborhood organization supported by the Minneapolis Neighborhood Revitalization Program (NRP).**

• **Metropolitan Alliance of Community Centers (MACC)**

Are you a staff member for an organization that is part of **MACC**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Organization name: \_\_\_\_\_

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

City State Zip

Does your supervisor support your application to the **Institute**? Yes \_\_\_\_\_ No \_\_\_\_\_

• **Neighborhood Revitalization Program (NRP)**

Are you a community volunteer in your neighborhood? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Which organization do you represent? (Please spell out all the words in the name.)

\_\_\_\_\_

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

Street

City State Zip

Phone: \_\_\_\_\_

area code and number

Does a staff person or Board Chair of your organization support your application to the **Institute**?

Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III \_\_\_\_\_

If you are applying for Part I, use the reverse side of this page or a separate page to tell us:

- Why you want to participate in the *Community Leadership Institute*
- What *community leadership* means to you
- How you will ensure that your community benefits from your participation in the Institute

If you are applying for Part II, tell us:

- How you are using what you learned in Part I

**Mail this to:** Community Leadership Institute

Center for Nonprofit Management  
1000 LaSalle Avenue, TMH 153  
Minneapolis, MN 55403-2005

**Or fax to:** 651-962-4125