



Endsley P. Fairman Fellowship Application

General Information:

1. Name: _____
2. Name of Organization: _____
3. Address: _____
4. Phone: _____ Fax: _____
5. Email: _____ Website: _____

Candidate Information:

1. Please attach a current resume.
2. Have you applied for the Fairman Fellowship in the past? Yes, year _____ No
3. Are you the Chief Executive Officer? Yes No

If no, please describe your organization's structure including your responsibilities and reporting relationships:

4. How long have you been in your current position?

Organization Information:

1. 501©(3) identification number: _____ Founding date: _____
2. Organization's annual budget: _____ Size of Board: _____
(selection panel recommends organizations with operating budgets of \$1million and above)
3. # paid employees: _____ # employees reporting to you: _____
4. Please indicate approximate percentage of your organization's funding from the following:
_____ % Individual donors _____ % Corporate funding _____ % Fees
_____ % Private foundations _____ % Endowment income _____ % Government
_____ % Other (please specify): _____
5. What is your organization's mission?

6. Describe the population served by your organization, including service area and number of people served per year?

Fellowship Goals:

1. What particular challenge/opportunity of strategic importance to your organization would you like to address through this program?

2. What are your personal goals for the course?

Sponsorship

Name of organization: _____ nominates this candidate. I have read the preceding application. The information provided is accurate to the best of my knowledge, and I support the educational and organizational goals stated therein. The organization is a nonprofit (nongovernmental) organization. The applicant is, or reports directly to the organization's CEO/Executive Director and has major policy and program responsibilities. If admitted, it is understood that the participant will be completely free from official duties while attending the course.

Chief Executive Officer: _____
Last First M I

Signature: _____ Date: _____

Board Chairman: _____
Last First M I

Signature: _____ Date: _____

**Please return this application by March 15th to:
The Fairman Fellowship Program
Delaware Community Foundation
P.O. Box 1636
Wilmington, DE 19899**

Selectee(s) will be notified by April 1st. Fairman Fellows must apply to and be accepted by Harvard before being announced to the public.