

APPLICATION

National Community Education Association (NCEA) Applied Professional Program Leadership Endorsement (APPLE) Revised June 2005

Name: _____
First Middle Last

Address: _____
Street

City State Zip

Phone: _____
(Area Code) Office Phone (Area Code) Home Phone

Email Address: _____

Current Position: _____

Number of years in Community Education administration: _____

NCEA Membership Number: _____

Name of Immediate Supervisor: _____

Supervisor's Position: _____

Supv. Address: _____
Street

City State Zip

Supv. Phone: _____
(Area code) Phone

Name of Local Newspaper: _____

Newspaper Contact: _____

Address of Local Newspaper: _____
Street

City State Zip

This application must accompany all materials as identified on the application checklist and sent by September 15th to:

NCEA Executive Office
3929 Old Lee Highway
Ste. 91-A
Fairfax, VA 22030

NCEA reserves the right to retain the fee regardless of the outcome of the individual's completion of the endorsement process.