



OurState Arkansas™ Participant Application

**OurState Arkansas™ – Empowering Arkansas’ Leaders to Create Just Communities
Coury House Retreat Center | Subiaco, Arkansas**

November 16-19, 2008; January 11-14, 2009; April 19-22, 2009; June 14-17, 2009; August 2-5, 2009

I. PERSONAL DATA		
Name:		
Name preferred on nametag:		
Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sexual Identity:
Race or Ethnicity:		Faith Group, if any:
Disability:		Disability Needs:
Employer:		Title:
Employed since:	Email:	
Company Address:		
Work Phone:	Work Cell:	Work Fax:
Home Address:		
Home Phone:		Cell:
Allergies:		
Dietary Restrictions or Preferences:		
II. DATE PREFERRED		
<input type="checkbox"/> November 16-19, 2008 <input type="checkbox"/> January 11-14, 2009 <input type="checkbox"/> April 19-22, 2009 <input type="checkbox"/> June 14-17, 2009 <input type="checkbox"/> August 2-5, 2009		
III. LEADERSHIP BACKGROUND		
Attach the following information (it can be in the form of a resume): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Employment – since graduation from high school or college through current; please include employment responsibilities. 		

VI. TUITION

If accepted into OurState Arkansas™, you or your employer/sponsor will be billed for the tuition fee of \$600.00. **Tuition must be paid in full by the Friday before the program you will attend.**

Will your employer/sponsor pay the entire tuition fee? ⊙ Yes ⊙ No
If not, who will be responsible for paying your tuition fee? _____

Please provide billing information here below.

Attention to: _____

Mailing Address: _____

If your employer is not paying your tuition, you are encouraged to seek a sponsor. Scholarship funds are limited; however, please request information by contacting, Val Gonzalez at 479.927.3055 ext. 602 or vgonzalez@justcommunities-nwa.org

VII. EMPLOYER COMMITMENT (If applicable)

The applicant has the approval and full support (which include the time required away from work to participate) of this organization to submit this application.

Name Employer/Sponsor: _____

Title: _____ Phone Number: (____) _____

Employer/Sponsor's Signature

Date

VIII. APPLICATION REQUIREMENTS

The application becomes the property of Just Communities of NWA and will remain confidential.

1. Application must be signed by applicant and employer/sponsor.
2. Deadline for submitting applications is Friday, two weeks prior to program date.
3. Application must be completed and mailed to:

Just Communities of Northwest Arkansas
OurState Arkansas, Attn: Val Gonzalez
610 East Emma Ave, Suite E
Springdale, AR 72764

4. Application must contain a recent photograph suitable for use in publication and for publicity
5. Application must be accompanied by two letters of recommendation from individuals who can speak to the applicant's leadership ability. Only one letter may be submitted by an employer or co-worker.

**If you have any questions regarding the application,
please call Val Gonzalez at 479 |927.30555**

JUST COMMUNITIES OF NWA USE ONLY

Checklist for application:

- Application Form with Signatures (All fields of application must be legible)
- Photo suitable for publication (Electronic format is accepted)
- Background Information
- 2 letters of support
- Session _____

Applicant:

- Accepted Declined Reason: _____