



Emerging Leaders Institute Application

All fields must be completed

General Information

First and last name of applicant _____

Employee ID Number _____

Email _____

Agency _____

Working Job Title _____

When did you start working for the State of Minnesota? _____

Have you applied to this program in the past?

Yes, I have applied to the Emerging Leaders Institute in the past.

No, I have not applied to the Emerging Leaders Institute in the past.

Briefly describe the responsibilities of your current position. Please list any direct reports.

Application Questions

Each of the questions within this section will be scored and reviewed by a Selection Committee comprised of enterprise-wide leaders.

1. Which qualities are important in future leaders in public services? (1500-character limit)

2. How do you exhibit these qualities in your current role? (1500-character limit)

3. What are your future aspirations or goals as a leader? (1500-character limit)

4. What skills do you hope to develop by participating in the Emerging Leaders Institute? (1500-character limit)

5. The state expects leaders to make decisions that reflect and incorporate diverse perspectives. What actions have you taken to develop your awareness and strengthen your ability to lead inclusively, and/or how will this program help guide you in this area? (1500-character limit)

6. How will your participation in this program contribute towards building and sustaining a state where all Minnesotans can thrive? (1500-character limit)

Participant Agreements

Please check all boxes below to confirm your understanding and agreement. Applications with missing acknowledgments cannot be considered for review.

I agree to adhere to the attendance policy, which requires full participation in all cohort sessions unless an emergency is reported by me or my supervisor. I understand that if I am unable to continue in the program, no refund will be provided.

I agree that the submission of this application is the legal equivalent of my manual signature.

I certify that the above information is true and accurate to the best of my understanding.

I certify that have submitted my agency Emerging Leaders Institute recommendation letter with my application. The letter is saved as "MyLastName_MyFirstName_RecomendationLetter."

Cohort Preference

Classes will take place approximately every other week in the following manner, with a few exceptions.

Cohort 40: Will meet **Tuesdays** and sessions will be **hybrid** (some virtual, some in-person sessions).

Cohort 41: Will meet **Wednesdays** and most sessions will be **onsite** (10 River Park Plaza, St. Paul).

Cohort 42: Will meet **Fridays** and most sessions will be **virtual**.

Please indicate your cohort preference below:

My first preference is to attend cohort_____.

My second preference is to attend cohort_____.

My third preference is to attend cohort_____.