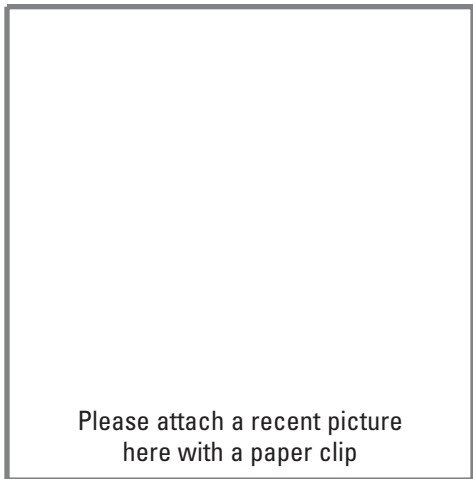


A P P L I C A T I O N F O R M

LEADERS  
ARE NOT  
BORN...

THEY'RE  
MADE.

PACIFIC CENTURY FELLOWS  
P R O G R A M



Application for the **Pacific Century Fellows Program** must be submitted prior to

Please send completed application to:  
**Pacific Century Fellows Program**  
P.O. Box 161000  
Honolulu, Hawaii 96816

For more information call 808-235-3733

**PERSONAL DATA**

Full Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_ Years Lived in Hawaii \_\_\_\_ HomePhone \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EDUCATION**

Begin with high school, then college(s), business or trade school and/or other specialized training.

Name of School \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Major/Degree \_\_\_\_\_

Name of School \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Major/Degree \_\_\_\_\_

Name of School \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Major/Degree \_\_\_\_\_

Please list special honors or awards for leadership activities

Extracurricular: \_\_\_\_\_

Academic: \_\_\_\_\_

**EMPLOYMENT**

Present Employer \_\_\_\_\_ Dates \_\_\_\_\_

Present Title/Responsibility \_\_\_\_\_ Dates \_\_\_\_\_

How many days per month does your work require you to be out of the city? \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Please list previous employment in reverse chronological order and account for all periods, including military active duty.

Employer \_\_\_\_\_ Title/Responsibility \_\_\_\_\_

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Title/Responsibility \_\_\_\_\_

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Title/Responsibility \_\_\_\_\_

Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Professional References (Include one letter of recommendation.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Personal References (Include one letter of recommendation.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

What do you consider your highest responsibility, skill or career achievement to date? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic, and other organizations in which you have held an office or position.

Organization \_\_\_\_\_ Date of Membership \_\_\_\_\_

Official Position Held \_\_\_\_\_

Organization \_\_\_\_\_ Date of Membership \_\_\_\_\_

Official Position Held \_\_\_\_\_

Organization \_\_\_\_\_ Date of Membership \_\_\_\_\_

Official Position Held \_\_\_\_\_

Organization \_\_\_\_\_ Date of Membership \_\_\_\_\_

Official Position Held \_\_\_\_\_

Organization \_\_\_\_\_ Date of Membership \_\_\_\_\_

Official Position Held \_\_\_\_\_

What have you accomplished in these activities that you think is important? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours each month do you usually commit to community, civic, professional, and other organizations and activities?  
\_\_\_\_\_

**ATTENDANCE**

To graduate from the Fellows Program, there are two requirements: attendance at a minimum of 80% of the meetings and attendance at the weekend retreat.

What percentage of the meetings will you attend? 100% \_\_\_\_\_ 90-100% \_\_\_\_\_ 80-90% \_\_\_\_\_

Will you attend the entire weekend retreat? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your employer willing to make a 9 month commitment so that you can fulfill the attendance requirements?

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

**TUITION & FUNDING**

If you are unable to make this commitment, it is not in your best interest to apply at this time.

If accepted into the Fellows Program, you or your company will be billed for the tuition fee of \$3,000, which covers all costs, including meals and retreat expenses. Applicants for whom the tuition poses a deterrent are invited to apply for a partial scholarship by submitting a letter of request with this form.

Commitment to allow applicant to attend seminars if selected.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

Commitment to cover tuition expenses.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL**

What do you hope to gain from your Fellows Program experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_