# SOCIAL ENTERPRISE PROGRAMS

**Email your application to Nicole Baker at nbaker@berkshiretaconic.org**

PLEASE SPECIFY SESSION DATE: _____

## APPLICATION FOR SCHOLARSHIP ADMISSION THROUGH:

Berkshire Taconic Community Foundation

PLEASE INDICATE THE PROGRAM(S) FOR WHICH YOU ARE APPLYING:

☐ Governing for Nonprofit Excellence (GNE): Critical Issues for Board Leadership *(intended for voluntary board members, such as chairs, vice chairs, committee members, or other board members. This program is not intended for individuals in chief executive officer or executive director roles.)*

☐ Driving Nonprofit Performance and Innovation—Virtual (DNPIV) *(intended for senior leaders, such as executive directors, chief financial officers, chief operating officers, deputy directors, and board members)*

☐ Strategic Perspectives in Nonprofit Management (SPNM) *(intended for chief executive officers and executive directors)*

Please answer all questions. This application must be fully completed and signed before review by the Admissions Committee.

It is the applicant's responsibility to notify Harvard Business School of any change in employment status that occurs between the time this application is submitted and the start of the program.

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand.

**I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.**

SIGNATURE OF APPLICANT: _____ DATE: _____

**NOTE: You must use Acrobat Reader 9.0 or higher to complete, save, and send this form electronically.**

## GENERAL INFORMATION

As an education provider we are asked by many groups, including our own leadership, executive education guides, and the press, to describe the ethnic/racial backgrounds of our participants and employees. In order to respond to these requests, we ask US citizens to answer the following two questions.

ARE YOU HISPANIC OR LATINX? ☐ YES ☐ NO

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Hispanic or Latinx ☐ Native Hawaiian or Other Pacific Islander ☐ White

We understand that your racial, ethnic, and cultural background may not be fully captured by the above options. Please feel free to use the space below to share more about your racial, ethnicity, or cultural identity.

_____

HOW WOULD YOU DESCRIBE YOUR GENDER?

☐ Female ☐ Male ☐ Gender queer/gender non-conforming
☐ Trans female/trans woman ☐ Trans male/trans man ☐ A different identity

NAME: _____
*Last (family) First Middle Initial Prefix (Mr., Ms.) Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE: _____

COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: _____
*Month/Day/Year*

TITLE/POSITION OR BOARD ROLE: _____

NAME OF NONPROFIT ORGANIZATION: _____

NONPROFIT ADDRESS: _____
*(P.O. boxes only accepted outside the U.S.) Street City State/Country Zip Code/Postal Code*

ORGANIZATION WEBSITE: _____

YOUR PRIMARY EMAIL *(to be used for admissions correspondence)*:

NONPROFIT TELEPHONE:

NATIONAL/PARENT ORGANIZATION *(if applicable)*:

BUSINESS NAME *(if different from nonprofit information noted above)*:

BUSINESS TITLE/ROLE *(if different from nonprofit information noted above)*:

BUSINESS ADDRESS *(if different from nonprofit information noted above)*:
*(P.O. boxes only accepted outside the U.S.)* *Street* *City* *State/Country* *Zip Code/Postal Code*

BUSINESS TELEPHONE:

EMAIL:

BUSINESS WEBSITE:

YOUR HOME ADDRESS:
*Street* *City* *State/Country* *Zip Code/Postal Code*

HOME TELEPHONE: MOBILE TELEPHONE:

PREFERRED MAILING ADDRESS: ☐ NONPROFIT ADDRESS ☐ BUSINESS ADDRESS ☐ HOME ADDRESS

## LANGUAGE PROFICIENCY

**Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.**

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

## ORGANIZATION

Are you the chief executive officer? ☐ YES ☐ NO

Are you the founder? ☐ YES ☐ NO

**GNE applicants**, are you a voluntary member of the board of trustees (not an employee of the organization)? ☐ YES ☐ NO

| | NATIONAL/PARENT ORGANIZATION *(if applicable)* | YOUR ORGANIZATION |
|---|---|---|
| Organization's annual budget *(in U.S. dollars)*: | $☐☐☐,☐☐☐,☐☐☐,☐☐☐ | $☐☐☐,☐☐☐,☐☐☐,☐☐☐ |
| Founding date: | | |
| Number of paid full-time employees: | | |
| Approximate number of volunteer employees: | | |
| Total annual beneficiaries: *(if applicable)* | | |
| Total membership: *(if applicable)* | | |
| Size of board: | | |

Employees reporting to you:

**Please indicate your organization's primary source of funding (>50%). If funding is received from multiple sources, please indicate the top three funding sources.**
*(If you represent an affiliate or chapter, please give your affiliate or chapter information.)*

- ☐ Corporate funding
- ☐ Endowment income
- ☐ Fees for services/products
- ☐ Government *(all levels)*
- ☐ Individual donors
- ☐ Private foundations
- ☐ Other *(please specify)*: _____

**Please indicate your organization's subsector.** *(please select the closest fit and select one only)*:

- ☐ Arts, culture, humanities
- ☐ Civic/advocacy
- ☐ Community/economic development
- ☐ Education
- ☐ Environmental conservation
- ☐ Foundation/grantmaking
- ☐ Healthcare
- ☐ Housing and urban development
- ☐ Human and social services
- ☐ International development and relief
- ☐ Religion
- ☐ Other *(please specify only if no other choices are a reasonable fit)*: _____

**What function best describes your position?** *(check one only)*:

- ☐ Accounting/control
- ☐ Finance
- ☐ Fundraising/development
- ☐ General management
- ☐ Governance
- ☐ Human resources
- ☐ Information services
- ☐ Marketing
- ☐ Operations/program
- ☐ Planning
- ☐ Public relations
- ☐ Other *(please specify only if no other choices are a reasonable fit)*: _____

**PLEASE DESCRIBE THE NONPROFIT ORGANIZATION YOU WILL BE REPRESENTING. INCLUDE A BRIEF DESCRIPTION OF ITS MISSION, ORGANIZATIONAL OBJECTIVES, AND ACTIVITIES.**

**PLEASE PROVIDE AN OVERVIEW OF THE ORGANIZATIONAL STRUCTURE. INCLUDE A SUMMARY OF YOUR RESPONSIBILITIES AND AN OUTLINE OF KEY DEPARTMENTS AND REPORTING RELATIONSHIPS.**

**WHAT DO YOU CONSIDER TO BE THE MOST CRITICAL STRATEGIC ISSUE(S) FACING THE NONPROFIT ORGANIZATION WITH WHICH YOU ARE INVOLVED?**

***GNE applicants, please address board related strategic and governance issues.***

***DNPIV applicants, please focus on issues related to how you measure your organization's impact, as well as the opportunities/challenges you are facing in this area.***

***SPNM applicants, please elaborate on the key strategic and operational challenges/opportunities.***

**WHAT ARE YOUR OVERALL GOALS IN ATTENDING THIS COURSE? YOU MAY CONSIDER BOTH YOUR ORGANIZATION'S GOALS AND YOUR OWN PROFESSIONAL DEVELOPMENT GOALS AS THEY RELATE TO THE PROGRAM FOR WHICH YOU ARE APPLYING.**

## WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current, or most recent one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY | TITLE OR POSITION | FROM (MM/YYYY) | TO (MM/YYYY *or* CURRENT *if employed*)

**PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE:** _____

## NONPROFIT BOARD MEMBERSHIPS

Please provide the following information for up to five additional nonprofit boards on which you **currently** serve as a Trustee/Board Member.

Please also note an approximate budget for each in U.S. Dollars.

SUBSECTOR CODES

**A** Arts/culture/humanities
**B** Civic/advocacy
**C** Community/economic development
**D** Education
**E** Environmental conservation
**F** Foundation/grantmaking
**G** Healthcare
**H** Housing and urban development
**I** Human and social services
**J** International development and relief
**K** Religion
**L** Other *(please specify)*:

| NAME OF NONPROFIT ORGANIZATION | BUDGET (IN U.S. DOLLARS) | SUBSECTOR CODE |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

## OTHER ACTIVITIES

Please indicate any other **major** current and past professional activities (*e.g., leadership of professional organizations*).

ACTIVITIES | FROM (MM/YYYY) | TO (MM/YYYY *or* CURRENT)

# EDUCATION

DEGREE (*check only highest level attained*): ☐ High School ☐ Two-Year College ☐ BS/BA ☐ MS/MA ☐ MBA ☐ Harvard MBA ☐ JD/Law ☐ PhD ☐ MD ☐ Foreign Diploma ☐ Other

UNIVERSITY: YEAR:

**HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL OR HAUSER CENTER PROGRAMS?**

PROGRAM NAME DATE

**HOW DID YOU LEARN ABOUT THIS PROGRAM?**

☐ Direct mail package
☐ HBS email notification
☐ HBS Executive Education website
☐ Internet search
☐ Online advertisement
☐ Podcast advertisement
☐ Print advertisement
☐ Radio advertisement
☐ Social media
☐ Other (*specify*):

**WHAT FACTOR HAD THE MOST INFLUENCE ON YOUR DECISION TO APPLY TO THIS PROGRAM?**

☐ A previous participant in an HBS Executive Education program
Participant Name
Program/Year
☐ HBS Executive Education Program Advising
☐ HBS Executive Education Client Development
☐ An MBA graduate of HBS
☐ Division Head or Manager
☐ HBS faculty
☐ Human resource department
☐ Other (*specify*):

**IF YOU SAW A PRINT ADVERTISEMENT, PLEASE SPECIFY WHERE:**

☐ CFO
☐ Chief Executive
☐ Harvard Business Review
☐ MIT Sloan Management Review
☐ New York Times
☐ strategy+business
☐ Wall Street Journal
☐ Other (*specify*):

**IF YOU SAW A DIGITAL ADVERTISEMENT, PLEASE SPECIFY WHERE:**

☐ BBC
☐ Fast Company
☐ Financial Times
☐ Harvard Business Review
☐ New York Times
☐ strategy+business
☐ Wall Street Journal
☐ Other (*specify*):

List anyone else from your organization applying to any upcoming HBS Social Enterprise program and specify which program(s). Team participation may be permitted for the GNE program and DNPIV programs only. Each applicant must complete a separate application.

## CANCELLATION POLICY

Payment is due within 30 days of the invoice date. Cancellations or deferrals must be submitted in writing more than 30 days before the program start date to receive a full refund. Due to program demand and the volume of preprogram preparation, cancellations or deferrals received 14 to 30 days before the program start date are subject to a fee of one-half of the program fee. Requests received within 14 days of the program start date are subject to full payment of the program fee.

*Upon acceptance, payment is required from the sponsoring organization or an HBS approved Scholarship Awarding Organization, according to the invoice terms.*

**I have read the cancellation policy and agree to the terms stated. *(please initial here)*** _____

## NOMINATING INFORMATION

Please provide the nominating executive's contact information. The nominating executive may be a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate. Please note that the nominating executive must be someone other than the applicant. HBS may contact the nominating executive as part of the application review process.

SIGNATURE OF NOMINATING EXECUTIVE: DATE:

NAME:
*Last (family)* *First* *Middle Initial* *Prefix (Mr., Ms.)* *Suffix (Jr., II)*

TITLE OR POSITION:

REFERRING ORGANIZATION NAME:

REFERRING ORGANIZATION ADDRESS:
*(P.O. boxes only accepted outside the U.S.)* *Street* *City* *State/Country* *Zip Code/Postal Code*

REFERRING ORGANIZATION TELEPHONE: EMAIL:

## INVOICING INFORMATION

*(to be completed by Scholarship Awarding Organizations prior to the submittal of finalist applications to HBS):*

An invoice will be emailed to the individual indicated below.

NAME:
*Last (family)* *First* *Middle Initial* *Prefix (Mr., Ms.)* *Suffix (Jr., II)*

TITLE OR POSITION:

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS:
*(P.O. boxes only accepted outside the U.S.)* *Street* *City* *State/Country* *Zip Code/Postal Code*

TELEPHONE: EMAIL:

*Harvard Business School (HBS) is governed by a set of community values that foster honesty, respect for others, and accountability for one's actions. HBS considers these values essential for a safe and productive learning environment for all. Harvard Business School reserves the right to withdraw an offer of admission in the event that any part of your application contains misrepresentations, or if you engage in, or have engaged in, behavior that violates HBS Community Values.*

*In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.*

## PLEASE RETURN THIS APPLICATION TO *(to be completed by Scholarship Awarding Organization):*

Nicole Baker, Community Engagement Officer at Berkshire Taconic Community Foundation

Email your application to nbaker@berkshiretaconic.org

For more information, reach Nicole Baker at 413.229.0370 ext. 117