

COMMUNITY LEADERS INSTITUTE GRANT
Audit Application Form

Required Materials:

- Completed Application Form
- Professional Resume/CV
- Organization Letter of Support—

(From supervisor stating that your attendance at the CLI and project are supported)

Application Instructions: Please limit the application form to 2 pages. This does not include your Resume/CV or your Organization Support Letter. Use checklist above to confirm that all materials have been completed. Refer to the FAQ document for further details. Mail or e-mail 1 completed copy of your application packet to:

Cincinnati Children's Hospital Medical Center

Attn: Lori Crosby, PsyD

3333 Burnet Avenue

MLC 8700

Cincinnati, OH 45220

ctsa@cchmc.org

Name(s): _____ **Title(s):** _____

Organization: _____ **Address:** _____

Email: _____

Phone (primary): _____ **Phone (secondary):** _____

Please answer the following questions (required as part of your application):

1. Briefly describe your reasons for wanting to participate in the Community Leaders Institute and what you hope to gain from your involvement.

2. Which aspects of the Community Leaders Institute would you find most beneficial in your work?

3. Please explain how you would use the information gained in the Community Leaders Institute in your organization, program/division, and/or community.