

# SOCIAL ENTERPRISE PROGRAMS

PLEASE SPECIFY SESSION DATE: \_\_\_\_\_

## APPLICATION FOR SCHOLARSHIP ADMISSION THROUGH:

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

- ☐ Governing for Nonprofit Excellence—Virtual (GNEV) *(intended for members of nonprofit boards of directors or C-suite level nonprofit executives who are engaged in strategic, governance-level decision-making, and who work extensively with the board of directors)*
- ☐ 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 ☐ PREFER NOT TO ANSWER

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:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latinx               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Prefer not to answer             |  |  |

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?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Female                   | <input type="checkbox"/> Male                 | <input type="checkbox"/> Gender queer/gender non-conforming |
| <input type="checkbox"/> Trans female/trans woman | <input type="checkbox"/> Trans male/trans man | <input type="checkbox"/> A different identity               |
| <input type="checkbox"/> Prefer not to answer     |   |   |

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*



HARVARD | BUSINESS | SCHOOL  
Executive Education

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

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

NATIONAL/PARENT ORGANIZATION <i>(if applicable)</i>	YOUR ORGANIZATION
Organization's annual budget <i>(in U.S. dollars)</i> : \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Founding date: _____	_____
Number of paid full-time employees: _____	_____
Approximate number of volunteer employees: _____	_____
Total annual beneficiaries: <i>(if applicable)</i> _____	_____
Total membership: <i>(if applicable)</i> _____	_____
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.)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Corporate funding          | <input type="checkbox"/> Government <i>(all levels)</i> | <input type="checkbox"/> Other <i>(please specify)</i> :<br>_____ |
| <input type="checkbox"/> Endowment income           | <input type="checkbox"/> Individual donors              |   |
| <input type="checkbox"/> Fees for services/products | <input type="checkbox"/> Private foundations            |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arts, culture, humanities      | <input type="checkbox"/> Environmental conservation    | <input type="checkbox"/> Human and social services  |
| <input type="checkbox"/> Civic/advocacy                 | <input type="checkbox"/> Foundation/grantmaking        | <input type="checkbox"/> International development and relief   |
| <input type="checkbox"/> Community/economic development | <input type="checkbox"/> Healthcare                    | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Housing and urban development | <input type="checkbox"/> Other <i>(please specify only if no other choices are a reasonable fit)</i> :<br>_____ |

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accounting/control      | <input type="checkbox"/> Governance           | <input type="checkbox"/> Operations/program   |
| <input type="checkbox"/> Finance                 | <input type="checkbox"/> Human resources      | <input type="checkbox"/> Planning   |
| <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Information services | <input type="checkbox"/> Public relations   |
| <input type="checkbox"/> General management      | <input type="checkbox"/> Marketing            | <input type="checkbox"/> Other <i>(please specify only if no other choices are a reasonable fit)</i> :<br>_____ |

**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?**

*GNEV 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 <i>or</i> CURRENT <i>if employed</i> )
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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 <i>or</i> CURRENT)
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## 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    ☐ Online advertisement    ☐ Social media  
☐ HBS email notification    ☐ Podcast advertisement    ☐ Other (*specify*): \_\_\_\_\_  
☐ HBS Executive Education website    ☐ Print advertisement  
☐ Internet search    ☐ Radio advertisement

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

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

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

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

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

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

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 GNEV 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):*

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