

# 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 (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.*)
- ☐ Performance Measurement for Effective Management of Nonprofit Organizations (PMNO) (*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.

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

**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

NAME:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE:

☐ MALE

☐ FEMALE

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*

NONPROFIT TELEPHONE:

FAX:

ORGANIZATION WEBSITE:

YOUR PRIMARY EMAIL:

*(to be used for admissions correspondence)*

NATIONAL/PARENT ORGANIZATION *(if applicable)*:

BUSINESS NAME *(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:

FAX:

BUSINESS WEBSITE:

EMAIL:

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 <i>(if applicable)</i>	YOUR ORGANIZATION
Founding date: _____	_____
Organization's annual \$ <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"/> 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"/>
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> : _____
<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 only one):*

<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> : _____

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> : _____

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.*

*PMNO 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	BUDGET (in U.S. Dollars)	SUBSECTOR CODE
1 Nonprofit organization		
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: \_\_\_\_\_

☐ I am a graduate of a Harvard University degree program.

## HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL 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 ☐ Division Head or Manager ☐ Other (*specify*): \_\_\_\_\_  
☐ HBS Executive Education Client Relations ☐ HBS faculty \_\_\_\_\_  
☐ An MBA graduate of HBS ☐ Human resource department \_\_\_\_\_

If a previous participant, graduate, or faculty member of a Harvard-affiliated school or program, please indicate the name and affiliation:

NAME: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

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

☐ Advancing Philanthropy ☐ Harvard Business Review ☐ Stanford Social Innovation Review  
☐ CFO Magazine ☐ Harvard Magazine ☐ strategy+business  
☐ Chief Executive Magazine ☐ NonProfit Times ☐ Other (*specify*): \_\_\_\_\_  
☐ Chronicle of Philanthropy ☐ MIT Sloan Management Review \_\_\_\_\_

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

☐ Bloomberg Business ☐ MIT Sloan Management Review ☐ strategy+business  
☐ Facebook ☐ Quartz ☐ Other (*specify*): \_\_\_\_\_  
☐ Harvard Business Review ☐ Reuters \_\_\_\_\_  
☐ LinkedIn ☐ SmartBrief \_\_\_\_\_

Please indicate the name and title of anyone from your organization who has participated in *Strategic Perspectives in Nonprofit Management (SPNM)*, *Governing for Nonprofit Excellence (GNE)*, or *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)*.

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 PMNO programs only. Each applicant must complete a separate application.

## NOMINATING INFORMATION

All candidates for *Strategic Perspectives in Nonprofit Management (SPNM)*, *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)*, or *Governing for Nonprofit Excellence (GNE)* must be nominated by their organizations.

This section should be completed by a senior executive or board member within the organization. (Please note that the nominating executive must be someone other than the applicant.)

### GNE APPLICANTS ONLY

The CEO of my nonprofit organization supports my attendance ☐ YES ☐ NO

NAME OF CEO:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

nominates this senior manager for the program and confirms that the applicant is proficient in fast-paced, conversational English.

TITLE:

OFFICE ADDRESS:

*(P.O. boxes only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

OFFICE TELEPHONE:

OFFICE FAX:

OFFICE EMAIL:

### PMNO APPLICANTS ONLY

The CEO of my nonprofit organization supports my attendance ☐ YES ☐ NO

NAME OF NOMINATING EXECUTIVE OR BOARD CHAIR:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

nominates this senior manager for the program and confirms that the applicant is proficient in fast-paced, conversational English.

TITLE:

OFFICE ADDRESS:

*(P.O. boxes only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

OFFICE TELEPHONE:

OFFICE FAX:

OFFICE EMAIL:

### SPNM APPLICANTS ONLY

The board chair of my nonprofit organization supports my attendance ☐ YES ☐ NO

NAME OF BOARD CHAIR:

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

nominates this senior manager for the program and confirms that the applicant is proficient in fast-paced, conversational English.

ADDRESS:

*(P.O. boxes only accepted outside the U.S.)*

*Street*

*City*

*State/Country*

*Zip Code/Postal Code*

TELEPHONE:

FAX:

EMAIL:

## 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)* \_\_\_\_\_

## BILLING 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:

FAX:

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.*

*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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