

Social Enterprise Programs



Harvard
Business
School
Executive
Education

PLEASE SPECIFY SESSION DATE: _____

Application For Scholarship Admission Through:

Please indicate the program(s) for which you are applying:

- 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*)
- 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*)
- 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: _____

A typed signature is acceptable.

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: _____

COUNTRY OF CITIZENSHIP: _____

DATE OF BIRTH: _____

Month/Day/Year

HOW WOULD YOU DESCRIBE YOUR GENDER?

Female

Male

Gender queer/gender non-conforming

Trans female/trans woman

Trans male/trans man

A different identity

Prefer not to answer

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 WEBSITE: _____

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

TELEPHONE: _____

NATIONAL/PARENT ORGANIZATION (*if applicable*): _____

BUSINESS NAME (*if different from nonprofit*): _____

BUSINESS TITLE/ROLE (*if different from nonprofit*): _____

BUSINESS ADDRESS (*if different from nonprofit*): _____

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

Street

City

State/Country

Zip Code/Postal Code

BUSINESS TELEPHONE: *(if different from nonprofit):*

EMAIL: *(if different from nonprofit):*

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

GENEV 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"/> <input type="text"/> <input type="text"/>
Founding date:	<input type="text"/>	<input type="text"/>
Number of paid full-time employees:	<input type="text"/>	<input type="text"/>
Approximate number of volunteer employees:	<input type="text"/>	<input type="text"/>
Total annual beneficiaries: <i>(if applicable)</i>	<input type="text"/>	<input type="text"/>
Total membership: <i>(if applicable)</i>	<input type="text"/>	<input type="text"/>
Size of board:	<input type="text"/>	<input type="text"/>
Employees reporting to you:	<input type="text"/>	<input type="text"/>

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 (all levels) | <input type="checkbox"/> Other (specify):
_____ |
| <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 (select only if no other choices are a reasonable fit, specify):
_____ |

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 (select only if no other choices are a reasonable fit, specify):
_____ |

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?

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.

GNEV applicants, please address board related strategic and governance issues.

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.

NAME OF NONPROFIT ORGANIZATION	BUDGET (IN U.S. DOLLARS)
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 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 _____ Division Head or Manager _____
Program/Year _____ 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.

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.

SUBMITTING APPLICATION

Please return this application directly to the Scholarship Awarding Organization to whom you are applying for scholarship support. Each Scholarship Awarding Organization will have provided details on how to submit the application.

Note that applications submitted only to Harvard Business School Executive Education Admissions will not be received by the Scholarship Awarding Organization, and therefore will not be considered for the organization's scholarship opportunity.