



## APPLICATION

**Name of School:**

Address:

City / State / Zip:

Phone:

**Head of School:**

Title:

Office Number:

Mobile Number:

Email Address:

**Board Chair:**

Address:

City / State / Zip:

Work/Home Number:

Mobile Number:

Email Address:

**Workshop Logistics Contact:**

Phone:

Email Address:

**Requested Dates & Times:**

First Preference:

Second Preference:

**Program Selection:**

There will be an opportunity to develop a blended program approach based on conversations with the workshop facilitator. For the purposes of this application, please select the program component which primarily satisfies the unique needs of your school.

Gearing Up: Understanding the Fundamentals (No Fee)

Geared for Success: Developing the Board as a Team (\$1500)

Working in Sync: The Board and Head of School (\$1500)

Shifting Gears: Managing a Smooth Transition (\$1500)

Geared for the Future: Creating a Strategic Vision (\$4000)

**The BoardWORKS program has been discussed with our Board, and we are prepared to meet as a full Board for the entire workshop as verified by our electronic signatures below:**

Head of School

Date:

Board Chair

Date:

## ***School Profile***

Name of School: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Type of school – Check all that apply:

Coed      Boys only      Girls only      Day only      Boarding only      Day and Boarding

Number of students:

Grade levels:

Year school was founded:

Year head was appointed:

### **Board General Information:**

**\*NOTE:** A list of Board members, their length of service, affiliation with the school, and committee assignments should be sent along with this application.

Size of board:

Head of School's Board status:                  voting          non-voting          non-member

Executive Committee members:

Name of Chair:

Name of Vice Chair: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Additional Executive Committee members:

The Committee Structure:

Complete the following table to indicate the committee structure of your Board.

| Name of Committee | # of Board members | # of Faculty representatives (if applicable) | Frequency of meeting |
|-------------------|--------------------|--|----------------------|
|                   |                    |  |                      |
|                   |                    |  |                      |
|                   |                    |  |                      |
|                   |                    |  |                      |
|                   |                    |  |                      |
|                   |                    |  |                      |
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|                   |                    |  |                      |
|                   |                    |  |                      |

Describe any ad hoc committees or special task-forces (e.g. diversity; strategic planning; technology; search) that have met within the last three years:

Annual Cycle of Board Meetings

Put a check mark next to the months in which the full board meets. What are the main purposes of each meeting?

September

October

November

December

January

February

March

April

May



***Materials needed to complete application:***

Send the following along with the application. Electronic copies are preferred.

- Admission materials
- List of Board members, including length of service, affiliation with the school, and committee assignment
- By-laws
- Minutes from last 3 consecutive Board meetings
- Current strategic plan
- Most recent accreditation visiting team report and the school's one-year response
- Most recent fundraising appeal materials
- 1-page overview of the school's finances

***Submit to:***

Betsy J. Hunroe, Executive Director  
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