

# CityMatCH CityLeaders Application

Please complete **ALL** sections by **Friday, July 12, 2019** and e-mail to: [Stephani.Tyrance@unmc.edu](mailto:Stephani.Tyrance@unmc.edu) for questions call Stephani 402-552-9595

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## Section I. CityLeaders Contact Information

First Name

Last Name

Personal E-mail Address

Mobile Phone Number

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Organization or Place of Employment

Job Title(s)

Mailing Address

City/State/Zip

Office Phone Number

Work E-mail Address

Organization Type

Academia

Local Government

Political/Legal

Tribal

Corporate/Private (for profit)

Not for Profit/Non-Profit

State Government

Other

**Educational Degree(s) Completed:**

**Race (select all that apply)**

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian/ Pacific Islander
- Other

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**I identify my sex as**

- Female
- Male
- Intersex
- Other

\* ALL Demographic information is collected and used for aggregate reporting purposes.

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Section II. CityMatCH Member Health Departments - Scholarship Opportunity

If you are an employee of a CityMatCH member health department, you may be eligible for financial assistance to attend the conference. This assistance is provided through the Carole Douglas Emerging Leaders Scholarship. There are two awards available for \$500 each. Selections will be made based upon award criteria.

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Would you like to be considered for this scholarship?

- Yes
- No

Member Health Department

In no more than 300 words, please tell us why we should consider you for this scholarship.

### Section III. CityLeaders Personal Statement

In **No More than 750 words**, How do you intend to become a more effective, culturally competent urban MCH leader. Why is this important to you, your organization, and your community?

## Section IV. Supervisor Accountability Endorsement

This section is to be **completed and signed by** Applicant's **supervisor** or person to whom Applicant is primarily accountable:

Name of Applicant,

is under my direct supervision. I have read the description of *CityLeaders Responsibilities*, and agree to the following:

1. I will allow her/him time off from regularly assigned duties to participate in all required activities of the program. (The supervisor and applicant will agree on how to account for the excused time.)
2. I understand that that the CityLeaders program is NOT able to provide a stipend to cover travel or registration to the CityMatCH conference.
3. I will support the applicant's use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work, including the use of their Individual Leadership Action Plan.

Supervisor's Name

Supervisor's Title

Organization Name (if different from Applicant's place of employment):

Supervisor's E-mail

Telephone Number

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Electronically signed by

Date

## Section V. CityLeaders Commitment to Responsibilities

CityLeaders must commit the time and effort required to participate in the CityMatCH Urban MCH Leadership conference, and to participate in distance learning opportunities. **Please initial each item below (at the right of the statement) if you agree to the following items A through D:**

### A. Orientation:

Attend "*Introduction to CityLeaders*" 90 minute conference call on Tuesday, August 6, 2019.

### B. Conference in **Providence, RI:**

1. I will be in attendance at the pre-conference **on-site** training, Sunday, September 22, 2019 from 8:00am to 5:00pm and schedule my travel accordingly.

2. I will attend ALL conference sessions designated for CityLeaders.

3. I will be in attendance at the post-conference **on-site** training, September 25, 2019 from Noon to 2:30pm and will schedule my travel accordingly.

4. I understand that the CityLeaders program is NOT able to provide a stipend to cover travel or registration to the CityMatCH conference.

### C. Mentor:

I will meet with my designated Mentor at times to be determined by the two of us.

### D. Participation Throughout Program:

1. I will read all materials, complete self-assessments and preparatory work, participate in distance learning, complete an Individual Leadership Action Plan, and turn in all evaluations as assigned.

2. I will be an active participant in the program and agree to participate in the group's learning.

As an applicant for the CityLeaders Program, I have read the description of “CityLeaders Responsibilities” and hereby commit and agree to all of the conditions and requirements (items A through D above) of the Program.

**For marketing purposes**, I authorize use of my name as a scholar/alumnus of the program and of photographs taken during my participation in program activities. I understand that as a part of this program I may participate in the creation of web pages that may contain demographic information about me, and I authorize the release of this information.

Signature: **Electronically signed by**

Date:

CityMatCH Staff will notify applicants of their Application Status  
on or before **Friday, July 19, 2019**