Leaders Changing the System (LCS) Leadership Training & Mentoring Program

Student Application



To begin filling out this application, simply write inside the white space of the cells below and enter your applicable information. Once you are finished, please send your completed application via email to: lnfo@partnershipsforpermanence.org or mail to Partnerships for Permanence: 445 Minnesota Street Suite 1500 St. Paul, MN 55101.

Background Information						
Full Name:						
Current Address:	City:	State:	Zip	:		
Cell Phone Number:	Email:	-	'			
Preferred Method of Co	ontact:					
Are You A U.S. Citizen?		Have You E	Have You Ever Been Convicted Of A Felony?			
If Selected For LTI, Are You Willing To Submit To A Pre-Training Drug Screening Test?						
How Old Will You Be By June 1st, 2019:						
Are You Currently In Foster Care Or Adopted?						
Were You Formerly In Foster Care Or Adopted?						
Education Information						
School's Name:	City:	Years Attended:	Completed:	Major:		

Work Experience							
Current Employer							
Position Title:		Employer's Name:					
	L ov.	0	La				
Address:	City:	State:	Zip:				
Position Responsibilities:							
Dates Employed:							
May We Contact This Employer?							
Last Employer							
Position Title:		Employer's Name:					
Address:	City:	State:	Zip:				
Position Responsibilities:							
Dates Employed:							
May We Contact This Employ	er?						
Volunteer Experience							
Current Experience							
Position Title:		Organization's Name:					
Address:	City:	State:	Zip:				
Position Responsibilities:							
May We Contact This Organization?							

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Past Experience						
Position Title:		Organization's Name:				
Address:	City:	State:	Zip:			
Position Responsibilities:						
May We Contact This Organ	ization?					
May we contact this organ	ization:					
Industry Experience	ce					
Why are you interested in L	eaders Changing the System?					
What kind of changes would	d you like to see about foster c	are and/or adoption?				
·	•	·				
How many years of experience do you have with foster care and/or adoption?						
Describe your experience w	ith foster care and/or adoption	?				
	·					
Signature Require	ment					
By entering my name below, I certify that my answers are true and complete to the best of my knowledge. If this application leads to my induction into the Leaders Changing the System Program, I understand that false or misleading information in my application or interview may result in my enrollment status being terminated.						
Full Name:						
Today's Date:						

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