



PATHS *Forward* Enrollment Application

PATHSForward® Class of 2019

For aspiring African-American Black Leaders between and including the ages of 21 and 39

FINAL DEADLINE FOR APPLICATION:

Friday, March 22, 2019

PLEASE PRINT/TYPE

Name: _____

Last

First

Middle

Nickname

Company: _____

Job Title

Business Address: _____

Mailing Address

City

State

Zip

Business Phone

FAX

Email Address

____ Profit ____ Non---Profit

Type of Business

Home Address: _____

Mailing Address

City

State

Zip

Cell Phone

Home Phone

Spouse's Name

Highest level of education completed: ___High School ___College ___Master's ___Professional Degree

Date of Birth: ___/___/___ ___Male ___Female





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PLEASE ANSWER ALL QUESTIONS ON THIS PAGE. DO NOT ATTACH ADDITIONAL PAGES. Limit all answers to space available.

Tell us about your job:

Describe your position and responsibilities at your current employer:

Tell us about your community involvement:

List **any** community, civic, professional, educational and religious organizations in which you have been involved. (If you have recently moved to the DFW Metroplex, please list activities you were involved with in your previous community.)

Organization:	Dates Involved:	Nature of Participation:
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Describe the leadership challenges you face as an African---American professional:





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PLEASE ANSWER ALL QUESTIONS ON THIS PAGE. DO NOT ATTACH ADDITIONAL PAGES. Limit all answers to space available.

Why do you want to participate in PATHS*Forward*®? What specific skills/knowledge do you hope to gain?

How will you use the PATHS*Forward*® training to benefit the Fort Worth/Tarrant County Community?

How are you developing into a leader? Describe your leadership path to this point, and what you have learned along the way.





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I _____ **do** _____ **do not** have the full support of my employer for the time required to participate in PATHS*Forward*®.

Tuition for the program is \$1000 payable by Friday, April 26 2019.

Send invoice for \$1000 tuition to: (Check one and provide name and mailing address.)

- Company

 Organization

 Applicant

 Other

Name

Mailing Address

Scholarship Information

If a company does not sponsor an individual, we will consider providing a limited number of scholarships up to the amount of \$500.00 based on available funds and expressed, individual needs. Proof of financial need may be requested.

Scholarship amount requested: \$ _____

If you are requesting a scholarship, please explain the circumstances.

It is my understanding that PATHS*Forward*® is a learning experience and requires attendance at each session. The required (no excused absences) orientation session will be held Saturday, April 13th 2019 from 9:00 a.m. until 5:00 p.m. Subsequent sessions will be held from 6:00-9:00 p.m. as scheduled (please see attached calendar). To receive a certificate of successful completion, participants must attend all sessions or receive approval from the facilitator for no more than one (1) absence. Arrangements must be made with the facilitator to make up for the absence.

I hereby give PATHS*Forward*® permission to make inquiries regarding the information provided here.

Signature

Date

Application deadline is Friday, March 22, 2019.
Email or Mail application and recommendation form to:
PATHSforward@gmail.com
 Fort Worth Metropolitan Black Chamber of Commerce
 1150 S. Freeway, Suite 211, Fort Worth, TX 76104
 ATTN:PATHSForward





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The tentative calendar of PATHS*Forward*® class meetings is below. The final calendar will be sent with your acceptance letter. At that time you will be asked to sign and return the form with your tuition payment.

2018 Theme: Be in the KNOW!*		
Date	Time	Topic
Saturday, April 13, 2019	8a-5p	Know Yourself
Thursday, May 2, 2019	6p-9p	Know Your Audience & Know the Chamber
Thursday, June 6, 2019	6p-9p	Know Your City & Government
Thursday July 11, 2019	6p-9p	Know Your Community-Education
Thursday, August 8, 2019	6p-9p	Know Your Community- Non-Profit Service Organizations
Thursday, September 5, 2019	6p-9p	Know Business
Thursday, October 3, 2019	6p-9p	Know Your Predecessors & Opportunities
Thursday, November 7, 2019	6p-9p	Know Your Future
Thursday, December 5, 2019	6p-9p	Final Presentations & Graduation Ceremony

*meals are provided at each meeting

Attendance Requirements

Every participant shall attend every session in its entirety.

- Unusual circumstances may require an excused absence. If more than one (1) session is missed, the participant may not be permitted to graduate from the PATHS*Forward*® program.
- Participant must make arrangements with the facilitator to make up any excused absence.

Financial Obligation

- If you are requesting sponsorship, your application is due for consideration by Friday, March 1, 2019.
- If admitted to the class, the tuition is due in full by Friday, Friday, April 26, 2019. Checks should be made payable to **Fort Worth Metropolitan Black Chamber of Commerce.**
- Late payment of the tuition forfeits your candidacy.
- Payment plans may be available. Each plan will be reviewed and discussed on a case by case basis with final payment being due Friday, October 4, 2019.

Deadline

Completed Application and Recommendation Form **must be received** no later than end of day, Friday, M a r c h 2 2 , 2019. Late or incomplete applications will not be considered for PATHS*Forward*® Class of 2019.

Contact Information

For information regarding the PATHS*Forward*® program or application process, contact Tia Cole at 713-834-7181 or pathsforward@gmail.com.





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Recommendation Form

Endorser should return completed Recommendation Form by Friday, March 22, 2019 to:

Email: PATHSforward@gmail.com

Name of Applicant: _____ Length of Acquaintance: _____

Type of Relationship:

- Immediate Manager
- Peer Professional
- Community Leader
- Mentor

How has the applicant demonstrated leadership capabilities?

How will the applicant use PATHS*Forward*® training to benefit the Fort Worth/Tarrant County Community?

Give details of your knowledge of the applicant's participation in business, civic, community and religious activities:

Name of person making recommendation (please type or print): _____

Company: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Signature: _____ Date: _____

