

Leaders Changing the System

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: Info@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:
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Cell Phone Number:	Email:
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Preferred Method of Contact:

Are You A U.S. Citizen?	Have You Ever Been Convicted Of A Felony?
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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:	
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 Employer?

Volunteer Experience

Current Experience

Position Title:		Organization's Name:	
Address:	City:	State:	Zip:

Position Responsibilities:

May We Contact This Organization?

Past Experience

Position Title:		Organization's Name:	
Address:	City:	State:	Zip:
Position Responsibilities:			
May We Contact This Organization?			

Industry Experience

Why are you interested in Leaders Changing the System?

What kind of changes would you like to see about foster care and/or adoption?

How many years of experience do you have with foster care and/or adoption?

Describe your experience with foster care and/or adoption?

Signature Requirement

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: