



## ICAA Emerging Leaders' Institute for Training and Excellence (ELITE) 2025 Application Form

The Iowa Community Action Association Emerging Leaders' Institute for Training and Excellence (ELITE) welcomes applications from across the national Community Action network. Please complete all sections of this form, as applicable, and attach the required responses to essay questions along with your recommendation form. The recommendation form must be completed by a person within the applicant's Community Action Agency.

Email the completed application, short essays, and recommendation form to Tiffany Keimig no later than [tkeimig@iowacaa.org](mailto:tkeimig@iowacaa.org) by **5:00PM CST on January 10<sup>th</sup>, 2025**.

**Cost: \$100 for ICAA Members; \$150 for nonmembers. ICAA will notify applicants and invoice agencies following the application review process.**

*Please note all six classes will be held via Zoom from 10AM-11:30AM CST on the following Thursdays:  
February 6<sup>th</sup> & 27<sup>th</sup>, March 27<sup>th</sup>, April 17<sup>th</sup>, May 8<sup>th</sup> & 29<sup>th</sup>*

**ELITE Graduates will be recognized at the ICAA conference – Spark: A Summit for Good, July 23 + 24 at The Meadows Events and Conference Center in Altoona, IA**

Participant Name: \_\_\_\_\_

Participant Agency/Organization: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Number of Years in Position: \_\_\_\_\_ Number of Years with Agency: \_\_\_\_\_

If you supervise other employee(s), how many: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**It is important for each participant to embark on this process fully committed to the program and to their peers. Participants must be employed at a Community Action Agency or affiliate to be in ELITE. To accomplish the objectives of the Emerging Leaders' Institute for Training and Excellence, attendance at online ELITE classes is expected and participation in ICAA's Conference is encouraged. Please return with your signature formally affirming your commitment to participate in this process.**

*If selected, I am fully prepared to be an active participant and devote the time and effort required to complete the program. My signature below indicates I understand the requirements for participation in the ELITE program and have completed this form to the best of my knowledge.*

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay Questions

Please respond to each question below. **Limit responses to no more than 200 words per question.**

1. Briefly describe your experience in Community Action.
2. Why are you interested in ELITE at this point in your career?
3. When have you had a leadership opportunity? What did you learn from that opportunity?
4. ELITE participants will benefit from exposure to a wide range of perspectives. What contribution, either in terms of unique experiences or specific skills, would you bring to the process that would enrich and inform others?
5. Think of a current or past leader in any field of endeavor whom you admire. What leadership qualities or characteristics of theirs have influenced you?
6. Please describe ways that you have personally been involved in your community (i.e., place of worship, school, community service, civic organization, etc.)
7. What qualities do you think will be important in future Community Action leaders?

**Iowa Community Action Association**  
**Emerging Leaders' Institute for Training and Excellence**  
**Recommendation Form**

The **Iowa Community Action Association Emerging Leaders' Institute for Training and Excellence (ELITE)** is designed to prepare individuals for current and future leadership roles by providing a program of study centered on critical leadership skills and topics. This recommendation form must be completed by a person within the applicant's Community Action Agency.

Your recommendation is an important part of the candidate's application. The **Iowa Community Action Association** is interested in your assessment of the applicant's past achievements as well as future potential.

Applicant's Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION I: Please rate the candidate on the following dimensions:

Dimension	Below Average	Average	Above Average	Outstanding	Unable to Assess
Leadership Ability					
Leadership Potential					
Interpersonal Skills					
Maturity					
Initiative/Motivation					
Level of Commitment					

SECTION II: Please write a brief recommendation for the candidate below. Feel free to continue a second page if necessary.

Please return the completed form to the candidate. The candidate must submit this form no later than 5:00pm CST on January 10<sup>th</sup>, 2025, to [tkeimig@iowacaa.org](mailto:tkeimig@iowacaa.org).