

Revised: May 2024

2025 USA Program **Application Form**



Send or deliver completed application to USA Office, CARRINGTON 315

	Must be typewritten or printed; Deadline for submission: June 14, 2024		
Name:	M-Number:		
Department	t (include Bldg. & Ste. #):		
Job Title:	Cell Phone:		
		Do you check your Missouri State University email account regularly? Yes No	
	u hear about the USA program (If a USA		he program, please include
Why do you	want to participate in this program?		
How do you	feel your participation in this program	n will benefit you and t	the University?
Can you commit to attending the 11 Program Days as scheduled? A list of program dates is available at http://www.missouristate.edu/USA . Note: Your availability will impact the likelihood of selection. \[\text{Yes} \text{No} \text{Comments (optional):} \] Have you ever applied before? \[\text{Yes} \text{No} \text{If so, when?} \]			
I understand that participating in this Leadership Program requires a substantial time commitment to attend classes as well as work on a team project and that, if selected, I will be expected to complete all the requirements and attend and participate in all program meetings.			
Applicant Si	ignature:	Date:	
For Completion by Supervisor and Vice President I support this employee's application to the USA program and will arrange release time to allow participation, if selected. Yes Optional Comments from Supervisor and/or Vice President:			
Supervisor's	s Signature:	Date:	
Vice Preside	nt's Signature:	Date:	
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