

**Individual Application/Nomination Form  
for participation in the 2008-2009  
Consortium Leadership and Renewal Academy (CLARA)**

**North Texas Community College Consortium**



NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Please summarize your reasons for wanting to participate in CLARA:

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPROVAL FOR PARTICIPATION:

\_\_\_\_\_  
College President or Designate

\_\_\_\_\_  
Consortium President