



# SNA Iowa Future Leaders Academy

## Program Application

### Applicant Information

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

School District/Company: \_\_\_\_\_

Title: \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Leadership Information

*Please answer the following.*

1. What do you consider your most important leadership accomplishment and why?

2. What do you consider to be SNA Iowa's most important purpose and would you like to contribute?

3. What do you hope to gain from your Future Leaders Academy experience? What topics do you feel would be beneficial?

4. Is there any additional information you believe would assist the selection committee in assessing your application?

The SNA Iowa Future Leaders Academy program year requires a significant commitment of time and energy. There will be (7) meetings that are **mandatory**. It will be a combination of Zoom virtual format and a few live in-person meetings which will coincide with other SNAI state events throughout the year. It is important to note there are no "make up" classes for this program and missing a session could affect your completion of the program.

If selected, does your job and/or family obligations enable you to commit to full participation in the SNAI Future Leaders Academy program year?  YES  NO

**COMMITTEE PARTICIPATION**

As part of a more in depth look into the SNA Iowa board structure, we are asking each member of the Future Leaders 2026-27 Class to serve on a board committee. Please indicate your top two choices of committees that you would most like to serve on.

- By-Laws & SOP's       Conference       Legislative       Membership & Nutrition Ed  
 Nominations       Social Media & Publications       Scholarship & SNF

**MEMBERSHIP CONFIRMATION:**

I hereby confirm that I am a current SNAI member.

Membership ID#: \_\_\_\_\_ Membership expiration: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

As the applicant's Supervisor/Director, I approve the participation in this program and understand the time commitment involved.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**\*\*\*\*\* \$50 Program fee to participate. \*\*\*\*\***  
**Travel expenses will be the responsibility of the participant.**

**Mail Application & Payment to SNAI, 2017 Aikman Dr, Ames, IA 50010**

Questions? Contact April Cuddeback, 515-630-8652 or [snaiowa@msn.com](mailto:snaiowa@msn.com)