

# Social Enterprise Programs



Harvard  
Business  
School  
Executive  
Education

## Application For Scholarship Admission Through:

### Please indicate the program(s) for which you are applying:

- Driving Nonprofit Performance and Innovation—Virtual (DNPIV) *(intended for senior leaders, such as executive directors, chief financial officers, chief operating officers, deputy directors, and board members)*
- Strategic Perspectives in Nonprofit Management (SPNM) *(intended for chief executive officers and executive directors)*

Please answer all questions. This application must be fully completed and signed before review by the Admissions Committee.

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

It is the applicant's responsibility to notify Harvard Business School of any change in employment status that occurs between the time this application is submitted and the start of the program.

This is a writeable PDF. You may type directly on this form, or print it and complete it by hand.

NOTE: You must use [Acrobat Reader 9.0](#) or higher to complete, save, and send this form electronically.

**I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.**

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

DATE: \_\_\_\_\_

MM/DD/YYYY

## GENERAL INFORMATION

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

*First*

*Middle Initial*

*Last*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MM/DD/YYYY

HOW WOULD YOU DESCRIBE YOUR GENDER?

Female

Male

Gender queer/gender non-conforming

Trans female/trans woman

Trans male/trans man

A different identity

Prefer not to answer

TITLE/POSITION OR BOARD ROLE: \_\_\_\_\_

NAME OF NONPROFIT ORGANIZATION: \_\_\_\_\_

NONPROFIT ADDRESS (P.O. box accepted outside U.S.):

Street \_\_\_\_\_

City/Province \_\_\_\_\_

State/Country \_\_\_\_\_

Zip/Postal Code (if none, enter 00000) \_\_\_\_\_

NONPROFIT WEBSITE: \_\_\_\_\_

PRIMARY EMAIL (to be used for admissions correspondence): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NATIONAL/PARENT COMPANY (if applicable): \_\_\_\_\_

HOME ADDRESS:

Street \_\_\_\_\_

City/Province \_\_\_\_\_

State/Country \_\_\_\_\_

Zip/Postal Code (if none, enter 00000) \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOBILE TELEPHONE: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

NONPROFIT ADDRESS

BUSINESS ADDRESS

HOME ADDRESS

**CONFIDENTIAL:** The information you provide below is for use by the Admissions Committee only.

## ORGANIZATION

**Are you the chief executive officer?**     YES     NO

**Are you the founder?**     YES     NO

	NATIONAL/PARENT ORGANIZATION <i>(if applicable)</i>	YOUR ORGANIZATION
Organization's annual budget <i>(in U.S. dollars)</i> :	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Founding date:	_____	_____
Number of paid full-time employees:	_____	_____
Approximate number of volunteer employees:	_____	_____
Total annual beneficiaries: <i>(if applicable)</i>	_____	_____
Total membership: <i>(if applicable)</i>	_____	_____
Size of board:	_____	_____
Employees reporting to you:	_____	_____

**Please indicate your organization's primary source of funding (>50%). If funding is received from multiple sources, please indicate the top three funding sources.**

*(If you represent an affiliate or chapter, please give your affiliate or chapter information.)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Corporate funding          | <input type="checkbox"/> Government <i>(all levels)</i> | <input type="checkbox"/> Other <i>(specify):</i><br>_____ |
| <input type="checkbox"/> Endowment income           | <input type="checkbox"/> Individual donors              |   |
| <input type="checkbox"/> Fees for services/products | <input type="checkbox"/> Private foundations            |   |

**Please indicate your organization's subsector.** *(please select the closest fit and select one only):*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arts, culture, humanities      | <input type="checkbox"/> Environmental conservation    | <input type="checkbox"/> Human and social services  |
| <input type="checkbox"/> Civic/advocacy                 | <input type="checkbox"/> Foundation/grantmaking        | <input type="checkbox"/> International development and relief   |
| <input type="checkbox"/> Community/economic development | <input type="checkbox"/> Healthcare                    | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Housing and urban development | <input type="checkbox"/> Other <i>(select only if no other choices are a reasonable fit, specify):</i><br>_____ |

**What function best describes your position?** *(check one only):*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accounting/control      | <input type="checkbox"/> Governance           | <input type="checkbox"/> Operations/program   |
| <input type="checkbox"/> Finance                 | <input type="checkbox"/> Human resources      | <input type="checkbox"/> Planning   |
| <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Information services | <input type="checkbox"/> Public relations   |
| <input type="checkbox"/> General management      | <input type="checkbox"/> Marketing            | <input type="checkbox"/> Other <i>(select only if no other choices are a reasonable fit, specify):</i><br>_____ |

**Please describe the nonprofit organization you will be representing. Include a brief description of its mission, organizational objectives, and activities.**

**Please provide an overview of the organizational structure. Include a summary of your responsibilities and an outline of key departments and reporting relationships.**

**What do you consider to be the most critical strategic issue(s) facing the nonprofit organization with which you are involved?**

*DNPIV applicants, please focus on issues related to how you measure your organization's impact, as well as the opportunities/challenges you are facing in this area.*

*SPNM applicants, please elaborate on the key strategic and operational challenges/opportunities.*

**What are your overall goals in attending this course? You may consider both your organization's goals and your own professional development goals as they relate to the program for which you are applying.**

# WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current, or most recent one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY/ORGANIZATION	TITLE OR POSITION	FROM (MM/YYYY) TO (MM/YYYY or CURRENT <i>if employed</i> )

Please estimate your total years of professional experience: \_\_\_\_\_

# NONPROFIT BOARD MEMBERSHIPS

Please provide the following information for up to five additional nonprofit boards on which you currently serve as a Trustee/Board Member. Please also note an approximate budget for each in U.S. Dollars.

NAME OF NONPROFIT ORGANIZATION	BUDGET (IN U.S. DOLLARS)
1	
2	
3	
4	
5	

# OTHER ACTIVITIES

Please indicate any other major current and past professional activities (e.g., leadership of professional organizations).

ACTIVITIES	FROM (MM/YYYY) TO (MM/YYYY or CURRENT)

## EDUCATION

DEGREE (*check only highest level attained*):  High School  Two-Year College  BS/BA  MS/MA  MBA  Harvard MBA  
 JD/Law  PhD  MD  Foreign Diploma  Other

UNIVERSITY: \_\_\_\_\_

YEAR: \_\_\_\_\_

**If you have attended other Harvard Business School programs, please list them below.**

PROGRAM \_\_\_\_\_

DATE (MM/YYYY) \_\_\_\_\_

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### How did you learn about this program?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Direct mail package             | <input type="checkbox"/> Online advertisement  | <input type="checkbox"/> Social media                    |
| <input type="checkbox"/> HBS email notification          | <input type="checkbox"/> Podcast advertisement | <input type="checkbox"/> Other ( <i>specify</i> ): _____ |
| <input type="checkbox"/> HBS Executive Education website | <input type="checkbox"/> Print advertisement   |  |
| <input type="checkbox"/> Internet search                 | <input type="checkbox"/> Radio advertisement   |  |

### What factor had the most influence on your decision to apply to this program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A previous participant in an HBS Executive Education program<br>Participant Name _____<br>Program/Year _____ | <input type="checkbox"/> An MBA graduate of HBS    | <input type="checkbox"/> Other ( <i>specify</i> ): _____ |
| <input type="checkbox"/> HBS Executive Education Program Advising   | <input type="checkbox"/> Division Head or Manager  |  |
| <input type="checkbox"/> HBS Executive Education Client Development   | <input type="checkbox"/> HBS faculty               |  |
|   | <input type="checkbox"/> Human resource department |  |

**List anyone else from your organization applying to any upcoming HBS Social Enterprise program and specify which program(s). Team participation may be permitted for the DNPIV program only. Each applicant must complete a separate application.**

## PAYMENT, CANCELLATION, AND DEFERRAL POLICY

The program fee covers tuition and program materials. For in-person and blended programs, the fee also includes accommodations and most meals. You will be invoiced upon admission to the program. Payment is due within 30 days, or upon receipt of the invoice if the program start date is fewer than 30 days from the invoice date.

If you need to cancel your participation, you must submit your request in writing at least 30 days prior to the program start date. For those who have paid, cancellation requests meeting the 30-day-notice requirement will result in a refund of the amount paid. Cancellation requests received 14 to 30 days prior to the start of the program are subject to a cancellation fee equal to one-half of the program fee. Cancellation requests received fewer than 14 days prior to the start of the program are subject to a cancellation fee equal to the program fee.

As an alternative to cancellation, participants who have paid the full program fee may request one deferral to a future confirmed program. Deferral requests will be reviewed based on space available and admissions policies. If admitted, participants may be responsible for any difference between the program fee they have already paid and the program fee for the future program.

**I have read the payment, cancellation, and deferral policy and agree to the terms stated. (*please initial here*):**

## NOMINATING INFORMATION

Please provide the nominating executive's contact information. The nominating executive may be a senior executive or board member within the organization, or a Harvard Business School alumni member familiar with the candidate. Please note that the nominating executive must be someone other than the applicant. HBS may contact the nominating executive as part of the application review process.

NAME:

*First*

*Middle Initial Last*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

NOMINATING EXECUTIVE COMPANY/ORGANIZATION NAME:

NOMINATING ORGANIZATION ADDRESS (*P.O. box accepted outside U.S.*):

*Street*

*City/Province*

*State/Country*

*Zip/Postal Code (if none, enter 00000)*

NOMINATING ORGANIZATION TELEPHONE:

EMAIL:

## INVOICING INFORMATION

*(to be completed by Scholarship Awarding Organizations prior to the submittal of finalist applications to HBS):*

An invoice will be emailed to the individual indicated below.

NAME:

*First*

*Middle Initial Last*

*Prefix (Mr., Ms.)*

*Suffix (Jr., II)*

TITLE OR POSITION:

ORGANIZATION CODE *(If your company provided an organization invoicing code, please add it here. Otherwise, leave this blank.):*

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS (*P.O. box accepted outside U.S.*):

*Street*

*City/Province*

*State/Country*

*Zip/Postal Code (if none, enter 00000)*

TELEPHONE:

EMAIL:

*Harvard Business School (HBS) is governed by a set of community values that foster honesty, respect for others, and accountability for one's actions. HBS considers these values essential for a safe and productive learning environment for all. Harvard Business School reserves the right to withdraw an offer of admission in the event that any part of your application contains misrepresentations, or if you engage in, or have engaged in, behavior that violates HBS Community Values.*

*In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.*

## SUBMITTING APPLICATION

Please return this application directly to the Scholarship Awarding Organization to whom you are applying for scholarship support. Each Scholarship Awarding Organization will have provided details on how to submit the application.

Note that applications submitted only to Harvard Business School Executive Education Admissions will not be received by the Scholarship Awarding Organization, and therefore will not be considered for the organization's scholarship opportunity.