



2018 Application for Candidacy

Name: _____

Date: _____

City/County of Residence: _____

Congressional District: _____

Phone Number: _____

Email: _____

Mississippi Republican Party
415 Yazoo Street
Jackson, Mississippi 39201
(601) 948-5191 Phone
(601) 354-0972 Fax
www.msgop.org

Criteria For Selection

Each year the MSGOP's Women Initiative Network will select a group of outstanding Republican leaders from across the state to receive specialized training in politics and public service. The recipients are chosen by the Institute's Board of Directors after an extensive review and interview process. Program participants are selected because of demonstrated leadership skills through employment or public service. The purpose of the interview is to allow the Board members to evaluate each candidate's (1) communication skills, (2) general presence, and (3) sincerity of commitment to political service and the goals of the program. Applicants who meet all of these criteria are invited to participate in the program. Once accepted, an admission fee of \$40 must be paid in full by August 1, 2018.

Campaign Volunteer Hours

If selected, each individual must volunteer at least one hour on a Republican campaign of their choosing.

Women's Initiative Network Policies

Candidates must agree to the following policies which are established for the benefit of all participants and guest speakers:

- (1) **Mandatory Class Attendance:**
Leaders must attend each class, except in the event of an emergency. There must be no conflict with the candidate's employer (if applicable) regarding the required attendance for the Institute.

- (2) **Audio and Video Recordings are Prohibited:**
To respect the privacy of others as well as protect against the sharing of sensitive information, no video or audio recording will take place during the series. Still photos are encouraged, and participants may post them on social media.

Please initial here to indicate you have read and accept the policies set forth in this application:

Initials:

Date:

Instructions for Submission of Application

This application, including your reference, must be completed in full. Please send applications to:

MSGOP's Women Initiative Network
P.O. Box 60
Jackson, Mississippi 39205

Email: info@msgop.org

Fax: (601) 354-0972

Or to

Jeanne Luckey
Chair, Board of Directors
ahluckey@aol.com

State Treasurer Lynn Fitch
Honorary Chair
lynnfitchnews@gmail.com

Incomplete applications may be rejected, at the discretion of the Board. Applications received after July 1, 2018, may also be rejected at the discretion of the Board.

Please do not include your resume or materials other than those requested in this application. Should additional references or information be required, you will be contacted and asked to submit such.

If chosen as a finalist, the candidate must be available to present herself for an interview, either in person or on the phone.

All information is confidential. Primary consideration will be given to those candidates whom the Board feels will be most likely to utilize their leadership skills and political training in the public arena. As much as possible, participants will also be selected to represent all areas of the state and the broadest range of ages.

Notification of acceptance to the program will be given by July 20, 2018 (date subject to change). The 2018 program will commence in August and end in October.

Schedule for 2018 Series

AUGUST:

Tuesday, August 21, 2018
11:00 a.m. - 3:00 p.m.

SEPTEMBER:

Tuesday, September 18, 2018
11:00 a.m. - 3:00 p.m.

OCTOBER:

Final Session/Event with Guest Speaker
Tuesday, October 16, 2018
11:00 a.m. - 3:00 p.m.

Applicants selected to join the Institute are responsible for the cost of transportation and/or lodging associated with participation in the Institute training sessions. **If you have any questions about the application process, please contact the MSGOP at (601) 948-5191.**

Employment History

(Begin with most recent employer)

Employer: _____

Position/Title: _____

Employment Dates: _____

Reason For Leaving: _____

Employer: _____

Position/Title: _____

Employment Dates: _____

Reason For Leaving: _____

Civic Organizations and Awards

Please list all professional, charitable, religious or civic organizations to which you presently belong or have belonged in the recent past, with the dates of membership, leadership positions held, and awards received as a result of your involvement.

Organization: _____

Leadership Positions: _____

Awards Received: _____

Date of Service: _____

Organization: _____

Leadership Positions: _____

Awards Received: _____

Date of Service: _____

Political Organizations

Please list all political organizations or activities in which you have participated with the dates of your involvement and title or position held.

Organization: _____

Position: _____

Dates of Involvement: _____

Organization: _____

Position: _____

Dates of Involvement: _____

Education

Please list all educational institutions attended and degree or certificate bestowed, along with the date of graduation or completion.

School: _____

Date Completed: _____

Degree/Certificate: _____

School: _____

Date Completed: _____

Degree/Certificate: _____

Personal Questionnaire

1. Describe your greatest professional or civic achievement and how it was accomplished.

3. How many years have you voted? _____

4. Precinct and City/County in which you vote: _____

5. Who is your County Chairman? _____

6. How long have you been politically active or involved? _____

7. How did you first learn about the Women’s Initiative Network?

8. Have you ever been convicted of a felony or misdemeanor other than a traffic offense or minor misdemeanor? _____ Yes _____ No (If yes, please explain)

9. In your own words, please tell us why you feel you should be selected as a participant and what you can offer the program, politics and the Republican Party.

10. If selected, please explain how you intend to utilize the training you will receive.

I understand that if accepted into the Institute, my attendance is mandatory at all sessions, except in the case of an emergency. I understand that I must pay an acceptance fee of \$40 should I be admitted into WIN-R.

Signed: _____

Date: _____

Contact Information

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Reference Information

To be considered as a candidate, you must have a sponsor. This individual must be a fellow Republican and/or a business or civic leader in your community. Your sponsor must know you personally. Please have your sponsor complete the appropriate form below.

TO BE COMPLETED BY SPONSOR:

I HEARBY NOMINATE _____ AS A CANDIDATE FOR THE MSGOP
WOMEN'S INITIATIVE NETWORK. I AM NOT RELATED TO THE NOMINEE.

Please explain why you feel the person you are nominating should be considered for the Institute.

Please explain how you know the nominee.

Signature: _____

Sponsor's Printed Name: _____

Sponsor's Daytime Phone Number: _____