

**ASPIRING ADMINISTRATORS PROGRAM
Wilson County Schools
APPLICATION**

NAME: _____

SCHOOL: _____ TOTAL YEARS EXPERIENCE: _____

CURRENT ASSIGNMENT: _____

EMPLOYMENT HISTORY:

JOB	EMPLOYER	DUTIES (if not in education)	DATES

LICENSURE ENDORSEMENTS (Please include all endorsements, by name.):

IF NOT ENDORSED IN ADMINISTRATION, ARE YOU ENROLLED IN A PROGRAM LEADING TO ENDORSEMENT? **(NOT REQUIRED; FOR INFORMATION ONLY)**

YES _____ NO _____

REFERENCES: (minimum of three [3] professional references required)

NAME	CURRENT JOB	CONTACT INFORMATION

PLEASE READ AND SIGN:

I understand that my participation on the Aspiring Administrators Program will involve meeting outside regular school hours. I further understand that my signature indicates my agreement to attend all classes and to complete all assignments (i.e., outside readings, projects, job shadowing).

signature

date

Why do you want to be a school administrator? (Please explain on the back of this page)