

<p><b>Please check one:</b> <input type="checkbox"/> Chapter Leadership <input type="checkbox"/> Youth Leadership <input type="checkbox"/> 100 LDI Fellows</p>
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**100 Black Men of America, Inc.**  
Leadership Development Institute Fellowship  
Application  
Deadline: August 13

(Please type the following).

Name: \_\_\_\_\_

Chapter/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names of Recommender/Mentors (if applicable)

1. Recommender/Mentor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. Recommender/Mentor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

100 Black Men of America, Inc.  
Leadership Development Institute

**100 Black Men of America, Inc.**  
Leadership Development Institute Fellowship  
**Agreement Form**

**To be Completed by the Applicant:**

(Please type the following)

Name: \_\_\_\_\_

Chapter/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I understand that if I am selected to be a 100 Black Men of America Leadership Fellow, I will attend all sessions and participate in all required activities and assignments that relate to the program. I also understand that absence from any program element and/or failure to complete any required assignment or activity may result in dismissal/the loss of monetary support.

**Note:** Due to the intensive training and team-building focus of the 100 Leadership Development Institute, family members/guest are excluded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please E-mail your application to

*Howard S. Rasheed*

[www.howardrasheed.com](http://www.howardrasheed.com)