



CRITERIA FOR PARTICIPANT SELECTION

Applicants for this program are expected to have demonstrated considerable leadership skills in their chosen fields of work or in their service to the community over a significant period of time. Applicants must display a commitment to the process of building a tradition of full participation of women in politics and government, and be able to confirm a loyalty to the Republican Party.

The Board of Directors of the Michigan Excellence in Public Service Series Board is responsible for the final selection of participants. They will use the following criteria in evaluating applicants.

The written portion of the application will be judged on the basis of:

1. Achievement
2. Leadership experience and ability
3. Commitment to public/political service

Selected finalists for the personal interview portion of the process will be judged on:

1. Communication skills
2. General presence
3. Sincerity of commitment to public service
4. Critical thinking skills
5. Problem solving skills

Application Process:

Interviews will be conducted by August 1, 2017

Applicants will be notified by August 18, 2017

2017 & 2018 Series:

Applicants accepted into the 2017 & 2018 MEPSS Class will be required to pay a \$600.00 registration fee PRIOR to the first class in September, 2017. The registration includes meals and materials for the September, October, November, January, February, March and April sessions. You will be responsible for making, and paying for, your overnight accommodations. You will be notified when the exact dates and locations are confirmed – we will include the host hotel information at that time.

Please return the COMPLETE application by July 26, 2017 to:

MEPSS

Attn: Dawn Crandall, President

P.O. Box 13042

Lansing, MI 48901

QUESTIONS? Contact Dawn Crandall via email at mepssgopprogram@gmail.com and please put MEPSS in the subject line.



PERSONAL DATA

NAME Ms.
 Mrs.
 Miss.

First

Middle

Last

NICKNAME (Name known by):

HOME

ADDRESS

ADDRESS

Check here if you
want information
sent to this
address

City

State

Zip Code

HOME PHONE ()

CELL PHONE ()

FAX NUMBER ()

BIRTH DATE / /

BUSINESS/ ORGANIZATION

TITLE (If applicable)

BUSINESS/

ORGANIZATION

ADDRESS

Check here if you
want information
sent to this address

City

State

Zip Code

BUSINESS PHONE ()

BUSINESS FAX ()

E-MAIL ADDRESS



PLEASE ANSWER THE FOLLOWING QUESTIONS.

In your career, what do you consider to be the most outstanding achievement so far?

In your life, what do you consider to be your most significant accomplishment so far?

Are you registered as a Republican and how many years have you voted Republican?

What Republican organized events have you participated in and in what capacity?

Precinct/County you vote in: _____

IN Congressional District: _____

IN House District: _____ IN Senate District: _____

What is the name and address of your County Chair (wo)man?

How did you first learn about the Michigan Series?



Please tell us why you feel you would like to be selected for this program and what do you hope to contribute to the civic life of our state

Arrested/Convicted of any crime? Yes No (If Yes, please explain)

I understand that if accepted into the Michigan Series, my attendance is mandatory at all sessions, except in case of emergency.

Signed _____
 Date _____



REFERENCE INFORMATION

To be considered as a candidate for the Michigan Series, you must be sponsored by a fellow Republican.

TO BE COMPLETED BY YOUR REPUBLICAN SPONSOR

I hereby nominate _____ as a candidate for the Michigan Series. I am not related to the nominee.

Please explain why you feel the person you are referring should be considered for the Michigan Series.

Please explain how you know the nominee.

How long have you known the nominee?

Signature

NAME _____

TITLE (If applicable) _____

ADDRESS _____

City *State* *Zip Code*

PHONE () _____ **E-MAIL** _____

CELL PHONE () _____



REFERENCE INFORMATION

To be considered as a candidate for the Michigan Series, you must have a reference by a business/professional/community associate in a management capacity that is familiar with your work. (This should not be the same person as your Republican sponsor).

TO BE COMPLETED BY YOUR COMMUNITY SPONSOR

I hereby nominate _____ as a candidate for the Michigan Series for the year _____. I am not related to the nominee.

Please explain why you feel the person you are referring should be considered for the Michigan Series.

Please explain how you know the nominee.

How long have you known the nominee?

Signature

NAME _____

TITLE (If applicable) _____

ADDRESS _____

PHONE () _____ **E-MAIL** _____

City

State

Zip Code