

APPLICATION

Please save as with your school name

Name of School:	
Address:	
City / State / Zip:	
Phone:	
Head of School:	
Title:	
Office Number:	Mobile Number:
Email Address:	
Board Chair:	
Address:	
City / State / Zip:	
Work/Home Number:	Mobile Number:
Email Address:	
Workshop Logistics Contact:	
Phone:	
Email Address:	

Requested Dates & Times:				
First Preference:				
Second Preference:				
Program Selection:				
There will be an opportunity to develop a blend with the workshop facilitator. For the purposes component which primarily satisfies the unique r	of this application, please select the program			
Gearing Up: Understanding the Fundamentals (\$	250)			
Geared for Success: Developing the Board as a Team (\$750)				
Working in Sync: The Board and Head of School ((\$1500)			
Shifting Gears: Managing a Smooth Transition (\$	1500)			
Geared for the Future: Creating a Strategic Vision	n (\$4000)			
The BoardWORKS program has been discussed with our Board, and we are prepared to meet as a full Board for the entire workshop as verified by our electronic signatures below:				
Head of School	Date:			
Board Chair	Date:			

School Profile

Name of	School:					
Mission	Statement:					
Type of s	school – Check all	that apply:				
Coed	Boys only	Girls only	Day only	Boarding o	only Day ar	nd Boarding
Number	Number of students: Grade levels:					
Year sch	ool was founded:					
Year hea	d was appointed:					
	eneral Informatio		oir longth of	convice offil	iation with the	a school and
*NOTE: A list of Board members, their length of service, affiliation with the school, and committee assignments should be sent along with this application.						
Size of b	oard:					
Head of School's Board status:		atus:	oting r	on-voting	non-member	
Executive Committee members:						
Name of	Chair:					
Name of	Vice Chair:					
Name of	Treasurer:					
Name of	Secretary:					
Addition	al Executive Comi	mittee membe	ers:			

The Committee Structure:

Complete the following table to indicate the committee structure of your Board.

Name of Committee	# of Board members	# of Faculty representatives (if applicable)	Frequency of meeting

Describe any ad hoc committees or special task-forces (e.g. diversity; strategic planning; technology; search) that have met within the last three years:

Anı

nual Cycle of Board Meetings									
t a check mark next to the months in	which	the	full	board	meets.	What	are	the	mair
rposes of each meeting?									
September									
October									
November									
December									
January									
February									
. cordary									
March									
A T									
April									
May									
•									

June	
July	
August	
How long is the average board meeting? Hours	
At what time of day does it meet?	
Current Board Issues	
The information supplied in this section will be regarded as facilitators and the VAIS Executive Director.	confidential and limited to the
Major recent decisions?	
 Major current concerns? 	
 Major objectives (long and short term)? 	

Materials needed to complete application:

Send the following along with the application. Electronic copies are preferred.

- Admission materials
- List of Board members, including length of service, affiliation with the school, and committee assignment
- By-laws
- Minutes from last 3 consecutive Board meetings
- Current strategic plan
- Most recent accreditation visiting team report and the school's one-year response
- Most recent fundraising appeal materials
- 1-page overview of the school's finances

Save as your school and submit to:

Betsy J. Hunroe, Executive Director betsyhunroe@vais.org