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Learn Empower Achieve Deliver

## 2024-2025 Application

### Sponsored by









#### Mission

I-LEAD is an engaging growth and development experience resulting in self-awareness, peer networking, and a discovery of new practices designed to inspire and motivate.

#### Vision

To elicit the greatness within a group of high potential leaders who will elevate their organizations, the greater communities, LeadingAge Wisconsin, and the senior living field to new heights of passion, adaptation, and innovation.

#### **Values**

- **Life-long learning**: Embrace and apply new knowledge and wisdom about ourselves, our colleagues, leadership, and the field.
- **Integrity**: Be honest and true to our authentic self, and respect the values and opinions of others.
- **Compassion**: Seek first to understand and then to be understood.
- Collaboration: Building a positive, creative, and safe environment.

## 2024-2025 Learning Schedule and Themes

Participants will engage in four face-to-face learning experiences, most of which will be held at member communities throughout the state and which include intimate conversations with aging services leaders and self-exploration of leadership styles through exercises and readings. The selected dates and themes for the 2024-2025 I-LEAD Leadership Development program are as follows:

earn -- May 15-16, 2024

Identify your learning style, explore other approaches to learning, and respect the learning style of others. Understand the principles of leadership.

Develop your personal and authentic approach to leadership.

Foster leadership based on values.

Learn the role and value of self and others.

Appreciate the richness of diversity.

Respect the opinions and trust the abilities of others.

Work together through differences to drive success.

chieve -- October 23-24, 2024

Foster innovation.

Pursue educated risks.

Encourage collaboration and partnerships.

Champion sustainable change.

Embrace the future.

*eliver -- January 8-9, 2025* 

Manage your energy so as to achieve full engagement.

Provide service and utilize talent in alignment with your passion.

Do what you say you will do.

Hold people accountable for what you expect them to do.

Produce results through others.

Serve your organization and the greater community.

#### **Eligibility**

I-LEAD is available to anyone who works for a LeadingAge Wisconsin member or subscriber. It is preferred that Fellows have previous supervisory or leadership experience (formal or informal) and formal education beyond high school that demonstrates a true commitment to self-improvement and a passion for leadership growth. For purposes of I-LEAD, it is far more important for Fellows to demonstrate potential within their organizations than it is for them to carry specific job titles.

LeadingAge Wisconsin will provide complimentary registration to Fellows for the 2024 Fall Conference (September 25-27, 2024). Breakfast, lunch, and break refreshments are provided during each class session at no additional cost. A non-refundable and non-transferable tuition payment is required from each Fellow's sponsoring organization (\$1325 per person for provider members/subscribers or \$2650 for associate members). In addition, all lodging and travel expenses (including dinner expenses on class days) will be paid by the sponsoring organization. (The costs incurred vary depending on the locations of the face-to-face learning experiences).

Fellows should plan on spending between 10-15 hours per month working on I-LEAD Leadership Development program activities in addition to one hour each month for monthly team conference calls. Fellows will need access to a personal computer for regular e-mail contacts and to participate in the I-LEAD virtual community.

#### **Submission Deadline**

Please complete the application packet and submit it (through the mail or electronically) to the LeadingAge Wisconsin office no later than March 15, 2024. All applications must be received in the mail or electronically by the March 15th deadline to be considered for review. Applications that fail to meet all guidelines or are incomplete will not be considered for review. Applicants will receive notification of acceptance into the I-LEAD Leadership Development program no later than the week of April 1, 2024.

#### **Evaluation Criteria**

All application submissions will be carefully reviewed to ultimately assemble a diverse class of Fellows (in terms of life experience, work experience, geography, type of organization, as well as other unique characteristics). A committee of LeadingAge Wisconsin member leaders will evaluate applications using the following criteria:

- How well defined, insightful, and introspective are the leadership essays?
- How well does the applicant demonstrate a commitment to the field of aging services?
- How well does the applicant demonstrate a dedication to life-long learning?
- To what extent does the applicant possess the capacity to become a transformational leader?

#### **Important Dates**

March 15, 2024 Your application must be submitted to the LeadingAge Wisconsin office Week of April 1, 2024 You will be notified about your acceptance into I-LEAD April 19, 2024 Payment of your full tuition is due May 15-16, 2024 First I-LEAD learning experience August 21-22, 2024 Second I-LEAD learning experience September 25-27, 2024 LeadingAge Wisconsin Fall Conference October 23-24, 2024 Third I-LEAD learning experience January 8-9, 2025 Fourth I-LEAD learning experience











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"I-LEAD has provided me with tools I will use for the remainder of my professional life and will also implement in my personal life. Recognizing my growth and realizing the bonds I've built with others are things I will always appreciate that the program has allowed me to do."

(Ann Libbin, Director of Social Services, Harbor Haven, Fond du Lac) "The dedicated time to focus on leadership development and the close relationships formed with fellows and coaches was invaluable. I will carry the lessons learned and the relationships formed through the rest of my career."

(Marissa Kornack, Administrator, Norwood Health Center, Marshfield) "I-LEAD has been an amazing experience! I have learned so much to bring back to my work and personal life. I have gained so much perspective and confidence in myself as a leader, which I definitely was lacking prior to attending. The friendships I gained from I-LEAD will last a lifetime. "

(Tabbetha McNally, Clinical Coordinator, St. Paul Elders, Kaukauna)

# 2024-2025 Application

Return your completed application and all required supporting materials by March 15, 2024.



204 South Hamilton Street Madison WI 53703 JMashak@LeadingAgeWI.org

#### **Summary of Qualifications Checklist**

Please submit the following information along with your completed application (*remember that incomplete applications will not be reviewed*):

- A resume or brief description of your work experience, educational background, and other pertinent information (please limit your submission to no more than two pages).
- A brief summary description of your work experience in the field of aging services and the
  responsibilities associated with your current position (please limit your submission to no
  more than two pages).
- You must write an essay response to all three questions below (applicants must submit three separate essays total). Please make sure you provide enough information to give the selection committee insight into your experience and desire to be part of this program. One or two sentence answers are not recommended, but please limit your submission to no more than 500 words per essay.
- Essay #1: Describe the capabilities you possess that make you an effective leader and the specific ways in which you have utilized these attributes in your personal and professional life. In doing so, please refer to a significant professional achievement, your specific role in attaining that achievement, and the impact it had on you and your organization.
- **Essay #2**: Describe the perspective and knowledge you hope to acquire as a result of your participation in I-LEAD.
- **Essay #3**: Describe your personal commitment to the field of aging services and how you envision using your experience in I-LEAD to enhance aging services within your organization, your community, and at the state level.
- Two letters of professional reference (at least one from your sponsoring organization, preferably from your supervisor or the organization's CEO). We suggest approaching selected references early in the process to ensure they are completed prior to the March 15, 2024 deadline. (Please limit your submission to no more than one page per letter). Please include letters of reference in your completed application packet.

#### Questions

For additional information on I-LEAD or for questions regarding the application process, please contact Janice Mashak at LeadingAge Wisconsin. She can be reached at JMashak@ LeadingAgeWI.org or 608-398-8084.

Please return completed applications to: Janice Mashak, LeadingAge Wisconsin, 204 South Hamilton Street, Madison, WI 53703; JMashak@LeadingAgeWI.org.

### **General Contact Information**

| Name:                                                                                  |                                                                                                               | Employer                                                                                                                                                                      |                                                                                         |                                                                        |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                                                                        |                                                                                                               | ership Type 🗆 Provider Member                                                                                                                                                 |                                                                                         |                                                                        |
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| Business N                                                                             | Iailing Address                                                                                               |                                                                                                                                                                               |                                                                                         |                                                                        |
| City, State                                                                            | Zip                                                                                                           |                                                                                                                                                                               |                                                                                         |                                                                        |
| Business Phone                                                                         |                                                                                                               | Cell Phone                                                                                                                                                                    |                                                                                         |                                                                        |
|                                                                                        |                                                                                                               | n that you are aware of that cou<br>les □ No If yes, please explain                                                                                                           |                                                                                         |                                                                        |
| Option                                                                                 | al Demographic                                                                                                | Information                                                                                                                                                                   |                                                                                         |                                                                        |
|                                                                                        |                                                                                                               | ed to assembling a diverse class owing self-identification is strictly Race/Ethnicity                                                                                         |                                                                                         | Leadership                                                             |
|                                                                                        | ☐ 18-29 years old<br>☐ 30-49 years old<br>☐ 50-64 years old<br>☐ 65+ years old                                | <ul><li>☐ American Indian or Alaska</li><li>☐ Asian</li><li>☐ Black or African American</li></ul>                                                                             | ☐ Native Hawaiian                                                                       | ino<br>n or Pacific Islander                                           |
| Sponso                                                                                 | ring Organizatio                                                                                              | on's Commitment                                                                                                                                                               |                                                                                         |                                                                        |
| <ul> <li>Provide 2024, a</li> <li>Allow a the con</li> <li>Allow t particip</li> </ul> | nd cover any other trave<br>dequate time for the co<br>tent areas of each session<br>ime for the Fellow to at | or a provider member/subscriber;<br>el, meals, and lodging costs associ<br>mpletion of assignments that will                                                                  | ated with the program for a<br>enhance the understanding<br>nect monthly with his or he | all four class sessions.  g and application of  er coach, and actively |
| Signed                                                                                 |                                                                                                               |                                                                                                                                                                               |                                                                                         |                                                                        |
| · ·                                                                                    |                                                                                                               | Director, or Administrator                                                                                                                                                    | Date                                                                                    |                                                                        |
| Applica                                                                                | nt Commitment                                                                                                 |                                                                                                                                                                               |                                                                                         |                                                                        |
| If selected,                                                                           | the Fellow agrees to:                                                                                         |                                                                                                                                                                               |                                                                                         |                                                                        |
| <ul><li>Comple</li><li>Activeliassigne</li><li>Connection</li></ul>                    | ete assignments to enha<br>y participate in the I-LE<br>d coach.<br>ct monthly with your co                   | in each of the four course session<br>nce the understanding and applic<br>AD on-line community forum an<br>ach to discuss assignments and ac<br>angAge Wisconsin member/subsc | ation of the content areas.  Id monthly conference calls  Iditional professional devel  | lopment opportunities.                                                 |
| Signed:                                                                                |                                                                                                               |                                                                                                                                                                               |                                                                                         |                                                                        |
| App                                                                                    | plicant                                                                                                       |                                                                                                                                                                               | Date                                                                                    |                                                                        |