

**Applicant Information**

Full Name:				Date:		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>			
<i>Optional Data*</i>	Date of Birth:	Gender:	F	M	Non-Binary	
	Area in San Diego County where I reside:	North	South	Central	East	Not in San Diego
	Race/Ethnicity:	Hispanic/Latino	Black/African-American	Caucasian	Mixed Race	Other

\* Providing optional demographic data will help us develop a diverse and inclusive program.

Employer:					
	<i>Name</i>				
	<i>Address</i>			<i>City</i>	<i>State</i>
				<i>ZIP Code</i>	
Phone:			Email:		
Title:					
Responsibilities:					

**Education**

High School:		Address:			
Did you graduate?	YES	NO	Diploma:		
College:		Address:			
Did you graduate?	YES	NO	Degree:		
Graduate School or Other:		Address:			

**References**

**Please list three professional references:**

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

**Civic Participation & Leadership**

Organization		Participant <input type="checkbox"/>	Leader <input type="checkbox"/>	Dates:
Organization		Participant <input type="checkbox"/>	Leader <input type="checkbox"/>	Dates:
Organization		Participant <input type="checkbox"/>	Leader <input type="checkbox"/>	Dates:
Organization		Participant <input type="checkbox"/>	Leader <input type="checkbox"/>	Dates:

**Course Specific Information**

<b>Top three reasons for wanting to attend the HPLA:</b>	
1.	
2.	
3.	
<b>Ability to Pay – Check Box:</b>	
My company or I will pay for tuition	My tuition is covered by my company's sponsorship
I would like to request a needs-based scholarship	

**Academy Agreement and Signature**

*HPLA is a nonpartisan program that is designed to bring together a diverse range of stakeholders to learn together and to forge solutions to the regional housing crisis.*

*I understand that we are here to learn together and if I am selected as an Academy member I agree to engage transparently, listen respectfully and be open to differing opinions. HPLA maintains a climate of confidentiality in order to allow presenters and participants to share their thoughts and ideas freely. HPLA reserves the right to ask students to leave the program, with a refund, if these agreements are not adhered to.*

*I certify that my answers on this application are true and complete to the best of my knowledge.*

*I also commit to attend at least 5 of 8 classes in person, and will commit to viewing missed classes through the online platform. Class times: Mondays from 3:30pm – 6:30pm: July 8, 15, 22 and 29; August 5, 12, 19, 26, 2019*

Signature:		Date:	
------------	--	-------	--

Please type your name and save this file. Then send it to [hpla@lesardevelopment.com](mailto:hpla@lesardevelopment.com)