



**ANTI-DEFAMATION LEAGUE
GLASS LEADERSHIP INSTITUTE
2015-2016 GLI Application**

Boca Raton _____ West Palm Beach _____

CONTACT INFORMATION

Name: _____ Spouse/Significant Other: _____

Home Address: _____

City: _____ Zip: _____

E-mail Address: _____ Cell Phone: _____

Date of Birth: _____

BUSINESS/WORK INFORMATION

Business/Employer: _____

Position/Title: _____

Business Address: _____

Business Telephone: _____ Business Email: _____

How long have you been with this employer? _____

EDUCATION

Undergraduate College/University: _____

Major: _____ Year Graduated: _____

Post-Graduate College/University: _____

Degree/s: _____ Year(s) Graduated: _____

Military Service: _____

DIETARY RESTRICTIONS

_____ None _____ Vegetarian _____ No Dairy _____ Kosher _____ Other

NETWORKING

Please list other organizations and networking groups in which you are involved (professional, cultural, religious, fun, etc.):

Please explain what you hope to gain by participating in ADL’s Glass Leadership Institute Program

(Please attach if you need additional space)

ADDITIONAL INFORMATION

How did you hear about ADL and the Glass Leadership Institute?

EXPECTATIONS OF PARTICIPANTS

Having read the GLI Statement of Expectations and Responsibilities of the Glass Leadership Institute, I understand the expectations and would like to be considered for acceptance to the program.

Signature: _____ Date: _____

PLEASE EMAIL OR FAX COMPLETED APPLICATION TO:

Lonny Wilk, Associate Regional Director

lwilk@adl.org Fax: 561-989-0712