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| **Name of Applicant** |
| Click here to enter text. |

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| **Briefly state why this person is a good candidate for the Executive Leadership Academy.** |
| Click here to enter text. |

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| **Please describe how UI Health Care would benefit from this project.** |
| Click here to enter text. |

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| **How does this project align with** [**UI Health Care’s strategic initiatives**](https://www.healthcare.uiowa.edu/marcom/uihc/UI-Health-Care-Strategic-Plan-at-a-glance.pdf)**? Do you perceive any barriers to completing the proposed project?** |
| Click here to enter text. |

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| **By entering my name below, I state that I support the applicant’s participation in the Executive Leadership Academy, and agree with participating as the** [***Project Sponsor***](https://iowa.sharepoint.com/sites/ProjectManagementUserGroup/SitePages/Project-Sponsor-Role-%26-Responsibilities.aspx)**for the duration of the project. I agree to support the execution of the specific project and assist in breaking down barriers that might occur during the process.**  |
| Click here to enter text. |