

Thank you for your interest in the 2025 Minnesota Excellence in Public Service (MEPS) Series!

- This year's program will consist of eight (8) <u>full-day sessions</u>, tentatively scheduled on: **January 25**, **February 15**, **March 15**, **April 12**, **May 10**, **July 19**, **August 16**, and **September 20**. An optional trip to Washington, D.C. and post-trip social session will also be planned for June dates TBD.
- Selected participants are responsible for paying a tuition fee before the first class or making other agreeable payment arrangements. Funds can come from the participant and from others who support her participation. Scholarship support may also be available upon request. Participants who choose to travel to D.C. will also be responsible for an additional trip fee and their own airfare.
- Want to know more? Virtual information events are being held prior to the application deadline. These "Introduction to MEPS" events are being held on select weeknights and Saturday mornings. To introduce yourself, and request the dates and a participation link, please send an email to:

 MepsSeries@gmail.com.

YOUR APPLICATION, THE TIMELINE & THE PROCESS:

Please send your completed application & resume by <u>December 29, 2024</u>.

You can submit your materials by:

Electronic submission to: MepsSeries@gmail.com (which is preferred). You can also send by fax to (651) 207-5655, or mail a paper submission to: MN Excellence Series, c/o 1390 Skillman Ave. W., Saint Paul, MN 55113

Please do not be intimidated by this application. This form and your resume will not be the sole determinant of selection and are simply the step which begins the process of getting to know you. All the information on this candidate application is confidential. If chosen as a finalist, we will work with you to schedule a date and time for a personal interview with the Fellows Selection Committee. MEPS reserves the right to choose program participants based on several criteria that are critical to success in the program and for future leadership in the public arena and/or their communities. Notification of acceptance or rejection to the program will be communicated by mid-January and the first class is Saturday, January 25, 2025.

Additional information can be found at: www.mnexcellenceseries.com. Questions can be directed to: MepsSeries@gmail.com.



CONFIDENTIAL CANDIDATE APPLICATION

Name:	
Date:	
County of Residence:	



PERSONAL DATA

Name $\stackrel{\square}{\overset{\mathrm{Ms.}}{\overset{\mathrm{Mrs.}}{\overset{\square}{\overset{\mathrm{Miss.}}{\overset{\square}{\overset{\mathrm{Miss.}}{\overset{\square}{\overset{\mathrm{Miss.}}{\overset{\square}{\overset{\square}{\overset{\square}{\overset{\mathrm{Ms.}}{\overset{\square}{\overset{\square}{\overset{\square}{\overset{\square}{\overset{\square}{\overset{\square}{\overset{\square}{\overset$								
	First			Middle			Last	
Nickname:			Ag	e		Birth Date_	/	/
Address:								
Check here if you want information sent to this address.	(City				State	Zip	Code
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Alt. Telephone#	()						
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Facebook profile nam	ı e (if ap	plicable	e):					
Twitter handle (if app	licable):							
Linked In name (if ap								
Other Digital Presence	ce (Inst	agram,	websi	te, blog, e	etc):			
Business Name								
Job Title (if applicable)								
Address								
Check here if you want information sent to this address.	(City				State	Zip	Code
Business Telephone	()						
Fax	()						



BACKGROUND DATA

PROFESSIONAL ORGANIZATIONS: Please list all organization you presently belong to or have belonged to in the past, and indicate any leadership positions held, with dates of membership.
VOLUNTEER/COMMUNITY ACTIVITIES: Please list community, civic, professional, political, business, cultural, religious, social, athletic, etc., organization to which you have volunteered your time and for which you have not received monetary compensation. Please indicate how you have assisted the organization and for how long.
SPECIAL HONORS/AWARDS/LEADERSHIP ACTIVITY/OTHER ACHIEVEMENTS: Please list the year the achievement was recognized, and specify the significance of the award as related to this application:



In your career, what do you consid	ler to be your most outstanding achievement so far?		
In your life, what do you consider	to be your most significant accomplishment so far?		
Are you a member of any Republica	an organizations? Please identify.		
MN Congressional District:	Precinct/County you vote in:		
State House District:	State Senate District:		
What is the name and email addres	ss of your Republican BPOU* Chair (wo)man?		
How did you first learn about the N	Minnesota Excellence in Public Service Series?		
Have you ever been arrested?	Yes No (If yes, please explain)		



Do you envision your	Do you envision yourself as a candidate sometime in the future?					
	Yes	No	Not Sure			
Do you have food alle	ergies, dietary restri	ictions, or preferences?	YesNo			
Please explain:						
5 5		elected for this program a r community or our state.	nd what you			
	_					
attendance is mandat confidentiality of all it my support for the Re- increase my level of po my permission to use	fory at all sessions, ex information shared d publican party, cand articipation in the po both my name and pa	nesota Excellence in Public scept in case of emergency. I uring the class sessions. I a lidates, and conservative id litical arena in the next five hotograph in any publicity a Public Services Series.	I will honor the um able to confirm leals, and will e years. I also give			
Signed		Date				



REFERENCE INFORMATION

To be considered as a candidate for the Minnesota Excellence in Public Service Series, <u>you must be sponsored by 2 individuals (fellow Republicans or business/professional/community associates).</u>

TO BE COMPLETED BY ONE OF YOUR SPONSORS

I hereby nominate	as a candidate for the			
Minnesota Excellence in Public Services Series. I am not	related to the nominee.			
Please explain why you believe this person should be considered for the Series.				
Please explain how you know the nominee.				
Signature				
SPONSOR Printed Name:				
Address:				
Email Address:				
Phone:				



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Please explain how you know the nominee.	
Signature	
SPONSOR Printed Name:	
Address:	
Email Address:	
Phone:	



PLEASE ATTACH A CURRENT RESUME TO INCLUDE:

(PLEASE BE AS DETAILED AS POSSIBLE)

EMPLOYMENT HISTORY

Please include employment history for the last ten years.

PROFESSIONAL ORGANIZATIONS

Please include any special professional or work-related honors/awards.

VOLUNTEER AND COMMUNITY ACTIVITIES

Please list community, civic, political, cultural, religious, and social organizations to which you have volunteered your time and for which you have not received monetary compensation.

EDUCATION

Please include high school and all further education such as trade school/ specialized training, partial college attendances and degrees received as well as any academic awards or honors.

**Please note that any applicant who is accepted for Fellowship in the MEPS Series will be expected to provide a brief biography and electronic photo on or before the first day of class, for possible use on the MEPS Series website and other applicable materials.