



## 2024 EDGE Women's Leadership Program Application Form

Thank you for your interest in Pittsburgh Technology Council's nine-month EDGE Leadership Experience! This experience is geared toward mid-career women leaders who seek to develop their next-level leadership in a supportive and engaging environment. The PEER Technology® of EDGE leverages coaching, interaction, and exchange to deliver superior results. As such, Tech Council and EDGE Leadership will look at candidates holistically to evaluate both what they will gain from the experience and what they offer to the experience. The selection process is designed to bring together a unique, diverse cohort across the generations to maximize every participant's learning potential.

- In order to be considered for the 2024 EDGE Cohort, please complete your application form by **November 17, 2023**.
- Submit via email to Allison Kaharick (akaharick@pghtech.org).

If you have questions about the application process or this form, please contact Allison Kaharick. **Instructions:** Please complete all require fields (marked with an \*) and complete as many of the optional fields as you choose. We look at the whole of each applicant's background, life and work experience, education, and personal essays, and we appreciate when you are willing to share the rich details of your life.

### Part I - Contact Information

#### **Name \***

First Name      Last Name

#### **Phonetic pronunciation of your name/preferred nickname**

Optional

#### **Personal pronouns**

Optional

#### **Preferred nickname, if any**

Optional

#### **Title \***

**Company \***

**Amount of Time at your Current Employer**

**Amount of Time in your Current Position**

**Work Email Address \***

example@example.com

**Personal Email Address \***

example@example.com

**Preferred Email for all EDGE Communications \***

- Work
- Personal
- Both
- No Preference

**Work Phone**

Please enter a valid phone number.

**Cell Phone \***

Please enter a valid phone number.

**Preferred Phone Number \***

- Work
- Personal
- Both
- No Preference

**Company Mailing Address \***

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**Home Mailing Address \***

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**Preferred Address for EDGE Mailed Items \***

- Work
- Home

**Emergency Contact \***

First Name Last Name

**Emergency Contact Phone \***

Please enter a valid phone number.

**Emergency Contact Relationship to EDGE Applicant \***

**Human Resources Contact \***

First Name      Last Name

**Human Resources Contact Title \***

**Human Resources Contact Email \***

example@example.com

**Current Supervisor \***

First Name      Last Name

**Current Supervisor Email \***

example@example.com

Part II - Supplemental Information

**List any Recognitions and Accomplishments you would like us to be aware of:**

**List any Community/Philanthropic Activities you would like us to be aware of:**

**List any Special Abilities or Life Experiences you would like us to be aware of:**

**If your resume does not include all educational/certification experiences, please list any additions here:**

**If your resume does not include all Professional Organizations and any positions you hold, please list any additions here:**

Part III - Demographic Information

Please note: This information is completely voluntary and is only requested for inclusive purposes. We have found that a women's leadership and work experience can vary depending on age, ethnicity, education level, and life situation. We believe a diversity of thought across generations is key in any cohort development and these experiences, when shared, can advise and enrich the participants of the Tech Council EDGE Experience

**Age**

**Ethnicity Origin or Race**

**Highest Education Level**

**Marital Status**

**Do you have any children?**

Yes

No

Part IV - Personal Essay and Letter(s) of Recommendation

**How did you learn about the Tech Council's EDGE experience? \***

**Tell us about your desired outcome: I'll know this EDGE experience was successful for me if, one year from now, I... \***

**In EDGE we believe in growing the person to grow the leader. As such, we want to assure both personal development and your development as a leader. Please share three goals—two professional and one personal—that you'd like to accomplish in the next year. \***

**A big part of EDGE is sharing best practices across individuals, companies, and industries. What would you like to contribute to EDGE? What gifts would you like to share? \***

**Our past participants value the exchange and inspiration that only comes through diverse and honest dialogue. What impact do you hope to make with others through the EDGE experience? \***

### **Letter(s) of Recommendation**

In addition to this application, please provide at least one letter of recommendation—this can be from your manager/supervisor, from an internal or external sponsor, or from a personal mentor. You are welcome to submit more than one letter if you wish. If you are unable to upload the letter(s) below, please ask your contact(s) to submit via email to Allison Kaharick at akaharick@pghtech.org by December 15, 2023.

### Part V - Tuition and Cancellation Policy

**Member Tuition:** \$7,975 for the nine-month Tech Council EDGE Experience.

(Non-Member Tuition: \$10,075)

Tuition includes the pre-program assessment, all EDGE materials and instruction, availability to sign up for monthly executive coaching hours.

*Tuition is subject to change and is payable in advance upon confirmation of registration.*

**You will be contacted to arrange payment upon acceptance to the Tech Council EDGE experience.**

#### **Payment options:**

Full Price: \$7,975 payable upon registration (Non-Member: \$10,075)

Two (2) Standard Installments: \$3,987.50 (Non-Member: \$5,037.50) 1st payment is payable upon registration/2nd payment is due by January 2024 EDGE Launch Session dates.

#### Billing Instructions

Full payment must be received by the January 2024 EDGE Launch Session dates.

#### **Bill To Contact**

First Name

Last Name

#### **Bill To Address**

Street Address

Street Address Line 2

City

State / Province

**Bill To Contact Email**

example@example.com

**Bill To Contact Phone**

Please enter a valid phone number.

**If applicable, enter your Value Added Tax (VAT) number:**

**Cancellation Policy**

Prior to the launch of EDGE, we incur substantial administrative costs related to your registration. Therefore, the following fees apply: