



# HARVARD CLUB OF AUSTRALIA

## Nonprofit Fellowship Program

Founding Patrons: Mr. William D. Ferris AC and Mrs. Lea Ferris

### APPLICATION 2010

#### The Fellowships

In recognition of the strong social and economic significance of the nonprofit sector to the Australian community, The Harvard Club of Australia is offering two Fellowships to attend the highly regarded six-day course Strategic Perspectives in Nonprofit Management this July at the Harvard Business School.

This is the tenth year of our program. Our Fellowships help fulfil the increasing demand for managerial skills and strategic decision-making within the nonprofit sector. The course will assist participants to examine their missions, develop new strategies and improve the effectiveness of their organisations.

The award of \$A10,000 is for course fees, accommodation, meals and travel to/from Boston.

#### Application Criteria

Applicants for the 2010 Fellowships must:

- Be a full-time General Manager, Chief Executive or Executive Director of their organisation
- Have at least six months full-time experience in that role
- Be committed to full-time attendance at this year's SPNM course, to live on campus and to arrive in the USA no later than July 16 (course dates are from July 18 to 24)
- Have not previously attended this or any similar course.

The applicant must lead a Nonprofit organisation that:

- Has at least 5 full-time employees
- Delivers services to the community and is not purely a fundraising entity
- Has a functioning Board of Directors
- Is audited and produces an Annual Report
- Meets the Australian definition of a Charitable Enterprise, with DGR status.

Selection of Fellows will be based on the same basis as Harvard uses to select course participants.

Particular emphasis will be placed on:

- The specific challenge/opportunity the applicant wishes to address at the *SPNM* course
- The applicant's overall goals and vision in attending the course
- The organisation's and the applicant's ability to have impact in the community
- The applicant's ability to improve nonprofit leadership skills within Australia.

#### Application process

Applicants are to complete the Harvard application form that follows and send it by April 12, 2010 to:

The Coordinator, HCA Nonprofit Fellowships, Suite 1, Level 1, 44 Bridge Street, Sydney, NSW 2000.

Alternatively, the form may be downloaded and completed on-screen (see our website: [www.hcag.org.au](http://www.hcag.org.au)) and emailed to the coordinator, [juliet@andersonknight.com.au](mailto:juliet@andersonknight.com.au) (we prefer this).

- Important:**
1. Do not send the form to Harvard.
  2. The form must show that your organisation and its Chair are in support (final page).

Final candidates will be interviewed either in person or by phone in mid May and the Fellowship winners notified within a week.

#### Enquiries

Administrator, NP Fellowship Program:

Juliet Anderson  
Email:

Phone: (02) 0251-1616 Fax: 9247-2495  
[juliet@andersonknight.com.au](mailto:juliet@andersonknight.com.au)

Club Administrator:

Clive Gard  
Email:

Phone: (02) 8021-8583 Fax: 8221-9631.  
[administrator@harvard.org.au](mailto:administrator@harvard.org.au)

Chairman, NP Fellowship Program:

Ted Blamey  
Email:

Phone: (02) 9909-1142 Fax: 9909-1140.  
[teb@CHARTmgmtconsultants.com](mailto:teb@CHARTmgmtconsultants.com)

# STRATEGIC PERSPECTIVES IN NONPROFIT MANAGEMENT

(2010 application – for Harvard Club of Australia Nonprofit Fellowships)

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## APPLICATION FOR ADMISSION

*Note:* Admission is limited to a select, qualified group of nonprofit leaders, with preference given to CEOs and executive directors. The program is designed for leaders of public serving nonprofits. It is not targeted to industry/trade associations, management support organizations, or consulting firms. The Harvard Club of Australia Fellowships have additional criteria.

*The Selection Committee and HBS admissions will pay particular attention to the essay responses. It is recommended applicants review the content of the SPNM Course on the HBS website before completing these ([www.exed.hbs.edu/programs/spnm/](http://www.exed.hbs.edu/programs/spnm/)).*

*All questions must be completed and the application signed (by both applicant and Board Chair). Please type or print legibly and limit answers to the length indicated.*

## GENERAL INFORMATION

NAME:

\_\_\_\_\_  
*Last (family)                      First                      Middle Initial                      Prefix (Mr., Ms.)                      Suffix (Jr., II)*

NICKNAME/FAMILIAR NAME FOR NAME BADGE: \_\_\_\_\_

MALE  FEMALE

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*Month / Day / Year*

TITLE OR POSITION: \_\_\_\_\_

NAME OF NONPROFIT ORGANIZATION: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

*(P.O. boxes accepted)      Street                      City                      State      Post Code      Australia*  
*Country*

OFFICE TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ORGANIZATION WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATIONAL/PARENT ORGANIZATION *(if applicable)*: \_\_\_\_\_

YOUR HOME ADDRESS: \_\_\_\_\_

*Street                      City                      State      Post Code      Australia*  
*Country*

HOME TELEPHONE: \_\_\_\_\_

Preferred Mailing Address

Business address

Home address

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## ORGANIZATION

Are you the chief executive officer?  YES  NO

Are you the founder?  YES  NO

### NATIONAL/PARENT ORGANIZATION (if applicable)

### YOUR ORGANIZATION

Founding date: \_\_\_\_\_

\_\_\_\_\_

Organization's annual budget (U.S. dollars): \$\_\_\_\_,\_\_\_\_,\_\_\_\_,\_\_\_\_

\$\_\_\_\_,\_\_\_\_,\_\_\_\_,\_\_\_\_

(Australian dollars): \$\_\_\_\_,\_\_\_\_,\_\_\_\_,\_\_\_\_

\$\_\_\_\_,\_\_\_\_,\_\_\_\_,\_\_\_\_

Number of paid Employees: Total \_\_\_\_\_ FTE \_\_\_\_\_ Approx No. of volunteer employees: \_\_\_\_\_

Employees reporting to you: Total \_\_\_\_\_ FTE \_\_\_\_\_

(If applicable) Total membership: \_\_\_\_\_ Approximate number of clients served annually: \_\_\_\_\_

Geographic area of operation:  Local  Citywide  Regional  Statewide  National  International

Size of board: \_\_\_\_\_ Size of Executive Committee (or similar): \_\_\_\_\_

Affiliates/ chapters (if applicable): \_\_\_\_\_

### **Please indicate the approximate percentage of your organization's funding from the following sources:**

(if you represent an affiliate or chapter, please give your affiliate or chapter information.)

\_\_\_\_\_ % Individual donors      \_\_\_\_\_ % Fees for services/products      \_\_\_\_\_ % Private foundations  
\_\_\_\_\_ % Government (all levels)      \_\_\_\_\_ % Corporate funding      \_\_\_\_\_ % Endowment income  
\_\_\_\_\_ % Other (please specify): \_\_\_\_\_

### **Please indicate your organization's subsector:**

- |  |   |
|--|---|
| <input type="checkbox"/> Arts, culture, humanities [A]       | <input type="checkbox"/> Healthcare [G]                           |
| <input type="checkbox"/> Civic/advocacy [B]                  | <input type="checkbox"/> Housing [H]                              |
| <input type="checkbox"/> Community/ economic development [C] | <input type="checkbox"/> Human and social services [I]            |
| <input type="checkbox"/> Education [D]                       | <input type="checkbox"/> International development and relief [J] |
| <input type="checkbox"/> Environment/wildlife [E]            | <input type="checkbox"/> Religion [K]                             |
| <input type="checkbox"/> Foundation/grant making [F]         | <input type="checkbox"/> Other (please specify): _____            |

### **What function best describes your position? (check one only):**

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting/control [AC]      | <input type="checkbox"/> Marketing [MK]                |
| <input type="checkbox"/> Finance [FN]                 | <input type="checkbox"/> Operations/program [MO]       |
| <input type="checkbox"/> Fundraising/development [DV] | <input type="checkbox"/> Planning [PS]                 |
| <input type="checkbox"/> General management [GM]      | <input type="checkbox"/> Public relations [PR]         |
| <input type="checkbox"/> Human resources [HR]         | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Information services [IS]    | _____  |

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**Describe your nonprofit organization.** (*Please limit your answers to the space provided.*)

A. Mission:

B. Programs/services/activities:

C. Organizational objectives over the next 3 to 5 years:

D. Organizational structure, including your responsibilities and reporting relationships:

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## WORK EXPERIENCE

List your work experience in reverse chronological order, starting with your present position. If all positions are in the same organization, please give the major sequence of promotions.

NAME OF ORGANIZATION	TITLE/POSITION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimate total number of years of professional experience: \_\_\_\_\_

## OTHER ACTIVITIES

Indicate any other **major** current and past professional activities (*e.g., significant board memberships, leadership of professional organizations, etc.*).

ACTIVITIES	DATES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## EDUCATION *(tick only highest level attained)*

High-School only  Two-Year College  BS/BA/BCom  MS/MA  MBA   
JD/Law  PhD  M.D.  Foreign Diploma  Other: \_\_\_\_\_

List any degrees held:

UNIVERSITY	DEGREE	YEAR
_____	_____	_____
_____	_____	_____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS? No  Yes, as below   
PROGRAM \_\_\_\_\_ DATE \_\_\_\_\_

# STRATEGIC PERSPECTIVES IN NONPROFIT MANAGEMENT

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**Please provide the name of the person who nominated you for the Nonprofit Fellowship:**

\_\_\_\_\_

**Please check those factors that made you aware of this course** (*check as many as apply*):

Recommended by a previous participant of an HBS Executive Education program (4)

Name \_\_\_\_\_ Program Name \_\_\_\_\_

Recommended by a Harvard Club of Australia member or an MBA graduate of Harvard Business School (5)

Name \_\_\_\_\_

Recommended by a Harvard Business School faculty member (6)

Name \_\_\_\_\_

Recommended by a board member of your organization (908)

Name \_\_\_\_\_

Recommended by another senior colleague in your organization (335)

Name \_\_\_\_\_

Recommended by Human Resource Department (157)

Which \_\_\_\_\_

Advertisement (700):

(*which publication*) \_\_\_\_\_

Direct Mail package (720)

Article in published material (888)

Harvard Club of Australia website or email contact

HBS website (600)

Other (*specify*):

\_\_\_\_\_

## **Other participants from your organization**

Please indicate the name and title of anyone from your organization who has participated in *Strategic Perspectives in Nonprofit Management (SPNM)*, *Governing for Nonprofit Excellence (GNE)*, or *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)*.

\_\_\_\_\_

\_\_\_\_\_

List anyone else from your organization applying to any other HBS Social Enterprise 2010 program.

These include: *Strategic Perspectives in Nonprofit Management (SPNM)*, *Governing for Nonprofit Excellence (GNE)*, or *Performance Measurement for Effective Management of Nonprofit Organizations (PMNO)*. (Please include name, title, and program name.) Each applicant must complete a separate application.

\_\_\_\_\_

\_\_\_\_\_

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## **COURSE GOALS**

*The Selection Committee and HBS Admissions pay particular attention to the following short essay questions.*

**WHAT PARTICULAR CHALLENGE/OPPORTUNITY OF STRATEGIC IMPORTANCE TO YOUR ORGANIZATION WOULD YOU LIKE TO ADDRESS IN THE STRATEGIC WORKSHOP (PEER CONSULTATION) PART OF THE COURSE?**

WHAT IS THE ISSUE?

WHAT ARE YOUR INITIAL THOUGHTS ON THE ABOVE?

**WHAT ARE YOUR OVERALL GOALS IN ATTENDING THIS COURSE? YOU MAY CONSIDER BOTH YOUR ORGANIZATION'S GOALS AND YOUR OWN PROFESSIONAL DEVELOPMENT.**

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## HARVARD CLUB OF AUSTRALIA NONPROFIT FELLOWSHIP PROGRAM APPLICANTS

### SUPPORT OF THE ORGANISATION

All candidates for the Harvard Club Nonprofit Fellowships must have the support of their organization. The organisation's Chair is asked to endorse the application below.

NAME OF ORGANIZATION: \_\_\_\_\_

supports this candidate for a Harvard Club of Australia Nonprofit Fellowship to attend the HBS course *Strategic Perspectives in Nonprofit Management*.

I have read the completed application. The information provided is accurate to the best of my knowledge, and I support the educational and organizational goals stated therein. The organization is a nonprofit organization. The applicant is the organization's CEO/General Manager/Executive Director and has major policy and program responsibilities. If admitted, it is understood that the participant will be completely free from official duties while attending the course.

CHAIR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF BOARD CHAIR: \_\_\_\_\_

*Last (family)*

*First*

*Middle Initial*

*Prefix (Mr., Ms.)*

FULL-TIME ROLE/POSITION: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

*(P.O. boxes accepted.)*

*Street*

*City*

*State*

*Postal Code*

**Australia**

OFFICE TELEPHONE: \_\_\_\_\_

OFFICE FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### CANDIDATE'S DECLARATION

I certify that all the information and accompanying material provided in connection with this application are authentic and accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

*In accordance with Harvard University policy, Harvard Business School does not discriminate against any person on the basis of race, color, sex, sexual orientation, religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.*

**Note: Applications close 12 April, 2010**

**PLEASE RETURN THIS APPLICATION BY EMAIL TO:**

**The Administrator, HCA Nonprofit Fellowship Program  
juliet@andersonknight.com.au**

**OR MAIL TO:**

**The Administrator, HCA Nonprofit Fellowship Program  
Suite 1, Level 1, 44 Bridge Street, Sydney NSW 2000**