

Bloch Executive MPA

2017 Application for Admission

Thank you for your interest in the Bloch Executive MPA. We look forward to working with you through the application, acceptance, and enrollment process. The Bloch Executive MPA Admissions Committee will only act on completed applications (*see below*).

Note:
We are accepting applications and admitting students now for the graduating class of 2019 cohort. Our final cutoff deadline is July 1, 2017. A completed application includes the following:

Application Form

Return completed application form to:
Bloch Executive MPA Program
Attention: EMPA Admissions
University of Missouri – Kansas City
5110 Cherry Street, Bloch School 305
Kansas City, Missouri 64110-2499
email: blochmpa@umkc.edu

Transcripts

Official transcripts from each college or university attended must be sent directly from the college or university registrar to the Bloch Executive MPA Program Office at the above address. If you have attended a college or university under a different name, ask the registrar to note the name change on your transcript or in a letter.

Application Fee

The application form must be accompanied by \$50 in the form of a check or money order that is payable to the UMKC Bloch Executive MPA Program at the above address. The application fee is nonrefundable.

Resume

Please include a current resume with your application.

Candidate's Admission Statement

This essay (500 - 1000 words) will help the Admissions Committee understand your motivation for applying to the Bloch Executive MPA program. Please address:

- A narrative summary of career progression including experience in the management of people, projects, or budgets.
- Your personal and professional objectives and how the Executive MPA program can help you achieve those objectives.
- How your education and employment experience demonstrates your preparedness for an executive program.

Letters of Recommendation (three) sent directly to the Executive MPA Program Office.

- An employer nomination/support letter:
One recommendation letter from your manager or supervisor of your current employer, offering your nomination and support for your participation in the EMPA program, including a statement that if you are accepted in the Executive MPA Program, you will not be required by the organization to miss regularly scheduled meetings of the Program.
- Two additional professional letters of reference from other business associates, such as a previous supervisor, CEO, or Board member from outside your organization.

Letters of recommendation should include the following:

- The length of time the respondent has known you and under what circumstances.
- A detailed description of the effectiveness of your job performance.
- The skills you have demonstrated on the job in projects and assignments.
- Your potential as a manager.
- Your leadership capabilities.
- Qualities that you can bring to the program.
- Any additional comments about your potential for success in a rigorous and demanding graduate program of study.

Please ask your contacts to submit the recommendations on **organization letterhead** directed to "To Whom It May Concern." The letters should include the signature and the phone, fax, or email address of the recommender. The letters may be sent to the mailing address above or emailed to blochmpa@umkc.edu.

Documentation of Lawful Presence

You must provide a photo copy of one of the following acceptable documents: (If a Resident Alien, you must provide I-55 card & domestic issued Driver's License)

- Any domestic state issued Driver's License
- U.S. Birth Certificate
- U.S. Passport (valid or expired)
- Certificate of Birth Abroad
- I-155 card (Resident Alien Card)
- Certificate of Naturalization

Apply for Financial Aid and Complete the FAFSA (<http://www.sfa.umkc.edu/site2/index.cfm>)

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Personal Information

Mr. Ms. Mrs. Dr.

Anticipated Enrollment Year: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred First Name: _____ Name of Spouse/Partner (optional): _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone Number: () _____ Mobile Phone Number: () _____

Personal Email Address: _____ Social Security Number: _____

Send any mail to: Home Address _____ Work Address _____

Send any emails to: Home Address _____ Work Address _____

Date of Birth: _____ Place of Birth (City, State, Country): _____

Country of Citizenship: _____ Visa Status: _____ Dual Citizenship: Y / N

Ethnicity: Black, Non-Hispanic Native American/Alaskan Native
 Asian or Pacific Islander White, Non-Hispanic
 Hispanic Other: _____

Education Information

Please list all colleges and universities attended, beginning with the most recent. If more space is needed, attach an extra sheet. Note that an official transcript must be submitted for **each** institution.

List all colleges attended	Location	Dates (Mo/Yr)	Major	Degree Received
		FROM TO		

What is your undergraduate cumulative GPA (based on a 4.0 scale)? _____

Distinctions, Honors, and Awards

Please indicate basis of selection if award is not well known.

Professional Memberships

List the organizations, any offices held, and the dates of involvement.

Current Employment Information

Title/Position: _____

Organization/Organization Name: _____

Size of Organization: 1-10 employees 11-50 employees 51-100 employees 101+ employees

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: (____) _____ Work Email Address: _____

No. of People Under Your Supervision: _____ Time in Current Position: _____ Salary: \$ _____
(Held in Complete Confidence)

Please select the category that *best* describes the industry in which you work:

- Consulting Consumer Products Financial Services Government
 Manufacturing Media/Entertainment Non-Profit Petroleum/Energy
 Pharmaceutical/Biotech Real Estate Technology
 Other: _____

Please select the category that *best* describes your professional function:

- Consulting (strategic planning, management, etc.) Management of Information Systems
 General Management (general services) Human Resources
 Marketing/Sales (public relations, product management, market research, advertising, etc.) Finance/Accounting (auditing, corporate finance, investments, treasury, public finance, real estate, etc.)
 Operations/Logistics (purchasing, engineering, etc.) Other: _____

Please describe your major responsibilities:

Decision Making Responsibility

Please check the extent of your decision making responsibility, as it relates to your current position, within each of the categories listed below.

	Not Involved	Make Suggestions	Directly Involved	Fully Accountable
Policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of budget expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital expenditures above \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of management, technical, and/or professional personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation and compensation of management, technical, and/or professional personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interface with regulatory/accreditation agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous Employment Information

Total number of years of full-time work experience: _____

Total number of years of managerial experience (people, projects, or budgets): _____

Candidate's Agreement

I certify the information on this application is accurate and complete, and I understand that all required credentials must be submitted before an admission decision may be made. I authorize the University of Missouri – Kansas City to maintain all my records under my signed name, and I understand these records and credentials in support of my application are the property of UMKC and may not be returned or reproduced. I also understand that the letters of recommendation will be received in confidence and I waive access rights to this information. Additionally, I understand that participation in the program involves off-campus learning residencies. Further, in exchange for the right to participate, I agree to hold the Curators of the University of Missouri harmless. I acknowledge that the University does not provide medical insurance and agree to provide my own. Further, I agree to follow all applicable laws as well as applicable regulations of the residence facilities. I acknowledge that it is my duty to decide whether I am physically capable of participating, and I am aware that the residencies may be a requirement for graduation.

I authorize the University to use my name, title, and organizational affiliation name, in addition to my photograph or personal likeness, for the purpose of promoting the Executive MPA program, unless I state in writing otherwise.

Signature

Date

How did you learn about our program? Please identify the source below.

- Bloch School Website / Internet Search
- Bloch School Representative (name): _____
- Advertisement (specify source): _____
- Previous Participant (name): _____
- Friend / Colleague (name): _____
- Human Resource Director (name): _____
- Supervisor (name): _____
- Other (specify): _____

UMKC designates as "Directory Information – Public Information" the following categories of information: student name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

A student wishing to restrict the release of "Directory Information" pertaining to him or her is to advise the Registrar's Office in writing. Any student wishing to obtain a copy of the complete guidelines governing the protection of the privacy of student records under the Public Law may do so by going to the Registrar's Office (Administrative Center, 5115 Oak Street).