

ACE FELLOWS PROGRAM

2025–26 APPLICATION



Sponsorship of Candidate

This form must be completed and submitted by the institution's office of the president, chief executive officer, or equivalent.

Candidate Information

Please provide the name of your institution's nominee.

Prefix First Name MI Last Name Suffix

Sponsor's Information

The sponsor must be the campus or system president/chief executive officer (or equivalent) from the institution where the candidate is currently employed.

Prefix First Name MI Last Name Suffix
Primary Email Address Cell Phone Number
Current Title

Sponsor's Assistant's Information

Prefix First Name MI Last Name Suffix
Primary Email Address Cell Phone Number
Current Title

Institutional Commitment

- Maintain an active ACE membership in good standing
- Ensure your Fellow's salary, benefits, and all ACE Fellows Program–related expenses are covered during the fellowship year. This includes costs associated with the spring orientation, placement selection interviews, and any relevant Program fees and professional development budgets

Sponsor's Role Commitment

- Meet routinely with the Fellow during the fellowship experience to offer counsel and guidance on leadership learning goals and/or feedback on the fellowship project

Signature

I agree that my typed name serves as my signature for this sponsorship form. I understand and agree to serve in the various functions of the sponsor role should my candidate be selected as a Fellow. Also, I agree to abide by the principles and policies of the Fellows Program as outlined above and confirm that all the information in this application is accurate.

Signature:

Date:

*This form should accompany the candidate's application and nomination as one complete package.
Please email the package to fellowsprogapp@acenet.edu.*