

**2008 NATIONAL STAFF COLLEGE APPLICATION**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ CAPID \_\_\_\_\_  
UNIT \_\_\_\_\_ CHARTER NUMBER \_\_\_\_\_  
PRIMARY PHONE \_\_\_\_\_ PRIMARY E-MAIL \_\_\_\_\_  
PROFESSION \_\_\_\_\_ CURRENT DUTY ASSIGNMENT \_\_\_\_\_  
SPECIALTY TRACK & LEVEL ATTAINED: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
WING COMMANDER NAME \_\_\_\_\_ WING \_\_\_\_\_

**APPLICANT TO COMPLETE THE FOLLOWING:**

WHAT EXPERIENCE OR SKILLS DO YOU BRING TO NATIONAL STAFF COLLEGE?  
PLEASE CHECK ALL BOXES THAT APPLY.

<input type="checkbox"/>	REGION STAFF EXPERIENCE	<input type="checkbox"/>	GOOD COMMUNICATIONS SKILLS
<input type="checkbox"/>	WING COMMAND/STAFF EXPERIENCE	<input type="checkbox"/>	TEAM LEADERSHIP EXPERIENCE
<input type="checkbox"/>	GROUP/SQUADRON COMMAND EXP	<input type="checkbox"/>	PROJECT MANAGEMENT SKILLS
<input type="checkbox"/>	ACTIVITY DIRECTOR/PROJECT OFFICER (GROUP LEVEL OR HIGHER)	<input type="checkbox"/>	CONSIDERED A GOOD ROLE MODEL
		<input type="checkbox"/>	EXPERIENCE IN ALL 3 CAP MISSIONS

WHAT DO YOU EXPECT TO GAIN FROM YOUR STAFF COLLEGE EXPERIENCE? HOW WILL THIS  
BENEFIT CAP? (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

***PLEASE SUBMIT TO YOUR WING COMMANDER FOR REVIEW AND COMPLETION.***

**WING COMMANDER TO COMPLETE THE FOLLOWING**

WHAT DO YOU EXPECT THIS MEMBER TO ACHIEVE FROM HIS/HER EXPERIENCE AT NATIONAL  
STAFF COLLEGE? (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WING COMMANDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT PHONE NUMBER

**WG/CC:** PLEASE SUBMIT ENDORSED APPLICATION TO NATIONAL STAFF COLLEGE DIRECTOR NO  
LATER THAN 25 SEPTEMBER 2008. (Fax: 805-544-4335 or E-Mail: peggym@bmaslo.com)

**NSC APPLICATION NO:** \_\_\_\_\_