2023 Application for Candidacy

Name: ___________________________________________________________

Date: __________________________________________________________________

City/County of Residence: ______________________________________________

Congressional District: __________

Phone Number: _________________________________________________________

Email: __________________________________________________________________

Mississippi Republican Party
415 Yazoo Street
Jackson, Mississippi 39201
(601) 948-5191 Phone
www.msgop.org
Criteria For Selection

Each year the MSGOP’s Women Initiative Network will select a group of outstanding Republican leaders from across the state to receive specialized training in politics and public service. The recipients are chosen after an extensive review and interview process. Program participants are selected because of demonstrated leadership skills through employment or public service. The purpose of the interview is to evaluate each candidate's (1) communication skills, (2) general presence, and (3) sincerity of commitment to political service and the goals of the program. Applicants who meet all these criteria are invited to participate in the program. Once accepted, an admission fee of $40 must be paid in full by January 2, 2023.

Campaign Volunteer Hours

If selected, each individual must volunteer at least one hour on a Republican campaign of their choosing.

Women’s Initiative Network Policies

Candidates must agree to the following policies which are established for the benefit of all participants and guest speakers:

(1) Mandatory Class Attendance:

Leaders must attend each class, except in the event of an emergency. There must be no conflict with the candidate's employer (if applicable) regarding the required attendance.

(2) Audio and Video Recordings are Prohibited:

To respect the privacy of others as well as protect against the sharing of sensitive information, no video or audio recording will take place during the series. Still photos are encouraged, and participants may post them on social media unless otherwise indicated.
Please initial here to indicate you have read and accept the policies set forth in this application:

Initials:  

Date:

Instructions for Submission of Application

This application, including your reference, must be completed in full. Please send applications to:

MSGOP’s Women Initiative Network
P.O. Box 60
Jackson, Mississippi 39205
Email: tlewis@msgop.org and cassie@msgop.org

Incomplete applications may be rejected, at our discretion. Applications received after November 30, 2022, may also be rejected.

Please do not include your resume or materials other than those requested in this application. Should additional references or information be required, you will be contacted and asked to submit such.

If chosen as a finalist, the candidate must be available to present herself for an interview, either in person or on the phone.

All information is confidential. Primary consideration will be given to those candidates who is most likely to utilize their leadership skills and political training in the public arena. As much as possible, participants will also be selected to represent all areas of the state and the broadest range of ages.

Notification of acceptance to the program will be given by December 15, 2022 (date subject to change). The 2023 program will commence in February and end in May.
Schedule for 2023 Series

**FEBRUARY:**
Tuesday, February 7, 2023
11:00 a.m. - 3:00 p.m.

**MARCH:**
Tuesday, March 7, 2023
11:00 a.m. - 3:00 p.m.

**APRIL:**
Tuesday, April 4, 2023
11:00 a.m. - 3:00 p.m.

**MAY:**
Tuesday, May 2, 2023
11:00 a.m. - 1:00 p.m.

Each event will likely be in Jackson, MS but is subject to change.

Applicants selected to join are responsible for the cost of transportation and/or lodging associated with participation in the training sessions. If you have any questions about the application process, please contact the MSGOP at (601) 948-5191.

**Employment History**

(Begin with most recent employer)

Employer: __________________________________________________________
Position/Title: _______________________________________________________
Employment Dates: ____________________________ _______________________
Reason For Leaving: ____________________________________________________

Employer: __________________________________________________________
Position/Title: _______________________________________________________
Employment Dates: ____________________________ _______________________

Employer: __________________________________________________________
Position/Title: _______________________________________________________
Employment Dates: ____________________________ _______________________
Reason For Leaving: ___________________________ ________________________________

**Civic Organizations and Awards**

Please list all professional, charitable, religious, or civic organizations to which you presently belong or have belonged in the recent past, with the dates of membership, leadership positions held, and awards received as a result of your involvement.

Organization: __________________________________________________________________

Leadership Positions: __________________________________________________________________

Awards Received: __________________________________________________________________

Date of Service: ____________________________________________________________________

Organization: __________________________________________________________________

Leadership Positions: __________________________________________________________________

Awards Received: __________________________________________________________________

Date of Service: ____________________________________________________________________

**Political Organizations**

Please list all political organizations or activities in which you have participated with the dates of your involvement and title or position held.

Organization: __________________________________________________________________

Position: _________________________________________________________________________

Dates of Involvement: __________________________________________________________________

Organization: __________________________________________________________________

Position: _________________________________________________________________________

Dates of Involvement: __________________________________________________________________

**Education**

Please list all educational institutions attended and degree or certificate bestowed, along with the date of graduation or completion.
Personal Questionnaire

1. Describe your greatest professional or civic achievement and how it was accomplished.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. How many years have you voted? ________________

3. Precinct and City/County in which you vote: _______________________________________

4. Who is your County Chairman? _________________________________________________

5. How long have you been politically active or involved? _____________________________

6. How did you first learn about the Women’s Initiative Network?

______________________________________________________________________________
______________________________________________________________________________

7. Have you ever been convicted of a felony or misdemeanor other than a traffic offense or minor misdemeanor? _____Yes _____No (If yes, please explain)

______________________________________________________________________________
______________________________________________________________________________

8. In your own words, please tell us why you feel you should be selected as a participant and what you can offer the program, politics, and the Republican Party.

______________________________________________________________________________
______________________________________________________________________________
9. If selected, please explain how you intend to utilize the training you will receive.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Please provide all Social Media Account Handles:

Instagram: ________________________________________________________________
Facebook: ______________________________________________________________
Twitter: _________________________________________________________________
LinkedIn: ________________________________________________________________

I understand that if accepted, my attendance is mandatory at all sessions, except in the case of an emergency. I understand that I must pay an acceptance fee of $40 should I be admitted into WIN-R.

Signed: __________________________________________________________________
Date: ______________________________

Contact Information

Mailing Address: ____________________________________________________________

___________________________________________________________

Home Phone: ______________________________
Work Phone: ______________________________
Cell Phone: ______________________________
Email: ___________________________________________
Reference Information

To be considered as a candidate, you must have a sponsor. This individual must be a fellow Republican and/or a business or civic leader in your community. Your sponsor must know you personally. Please have your sponsor complete the appropriate form below.

TO BE COMPLETED BY SPONSOR:

I HEARBY NOMINATE_______________________ AS A CANDIDATE FOR THE MSGOP WOMEN’S INITIATIVE NETWORK. I AM NOT RELATED TO THE NOMINEE.

Please explain why you feel the person you are nominating should be considered.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please explain how you know the nominee.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: ___________________________________________________________

Sponsor’s Printed Name: _____________________________________________

Sponsor’s Daytime Phone Number: _________________________________