IMPACT
INTERIOR DESIGN

Applicant Information

Full Name:

Date:

Last		First		MI	
Phone:		Mobile:			
Email					

Are you an IIDA WI Member*? YES ☐ NO ☐

**IMPACTID applicants must be IIDA members before first session if accepted into the program.*

Provide IIDA WI member #:

How long have you been working as a professional interior designer?

Are you NCIDQ accredited? YES ☐ NO ☐

Are you WRID? YES ☐ NO ☐

Current Employer

Company Name:	
Address:	
Company Phone:	
Your Position:	

IIDA
WISCONSIN
chapter

IMPACT
INTERIOR DESIGN

[redacted]

How do you define leadership? How have you previously demonstrated leadership skills? Examples can be work, volunteer, or personal-life related. [three to four sentences]

What do you hope to learn from the IMPACTID program? How do you anticipate applying learned principles to your career? [three to four sentences]

Applicant Name	

IIDA
WISCONSIN
chapter

IMPACT
INTERIOR DESIGN

IMPACTID **Participation Agreement**

This program's success is directly related to the attendance by the participants and therefore attendance is mandatory. Each member will be allowed one excused absence. If two or more sessions are missed the applicant may be released from the program. The following agreement form must be filled out and signed by the applicant. The signature of a firm principal is also required showing commitment of the firm to the applicant's full participation.

Supervisor Agreement

*I authorize and encourage the above applicant to participate fully in the IIDA WI **IMPACT**ID program and fully understand the attendance requirements as outlined above.*

Supervisor Name			
Supervisor Email:			
Supervisor Phone:			
Signature		Date	

Disclaimer, Agreement and Signature

*I fully understand the attendance requirements for the IIDA WI **IMPACT**ID program and agree to fulfill those requirements if selected.*

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the program.

Applicant Name			
Signature		Date	

*Submit your application by emailing to vpprofdev@iidawi.org. Along with this application, you will need to attach a **RESUME** in PDF format, sent to the same email. Subject line of email to include "applicant last name" and "IMPACTID Program". All applications are due Monday, Sept 16th, 2024 by 11:59 CST. Scholars will be announced on or before Nov 1st, 2024.*

For more information regarding the IIDA Wisconsin Chapter **IMPACT**ID go to IIDA WI | IMPACTID

IIDA
WISCONSIN
chapter