



# Application

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Full Name: \_\_\_\_\_

Contact Information Email: \_\_\_\_\_ Contact Information Phone: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

If approved, where would you be attending the Veterans Academy from (city/state; address if known):

\_\_\_\_\_

Rank/Grade: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Years of Service (as of today): \_\_\_\_\_ Retiring or separating: \_\_\_\_\_

Command Approved SkillBridge Package? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide approval form to [director@hkpoveteransacademy.org](mailto:director@hkpoveteransacademy.org).

Approved SkillBridge Dates (from/to): \_\_\_\_\_

If your dates do not align with the requested cohort, how will you be able to attend the cohort dates that reside outside of your approved SkillBridge dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send contact information for your military supervisor and senior enlisted leader to [director@hkpoveteransacademy.org](mailto:director@hkpoveteransacademy.org).

Do you have a current resume and/or professional biography? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, email to [director@hkpoveteransacademy.org](mailto:director@hkpoveteransacademy.org).

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Do you currently hold any industry certifications: \_\_\_\_\_

\_\_\_\_\_

Do you intend on completing any additional industry certifications prior to the cohort start date: \_\_\_\_\_

\_\_\_\_\_

Desired Career Specialty/Industry and/or Area of Focus: \_\_\_\_\_

Desired Geographical Location for Employment: \_\_\_\_\_

Desired Employer(s) Post-Internship: \_\_\_\_\_

Industry Certifications of Interest: \_\_\_\_\_

Known Scheduling Conflicts During Cohort: \_\_\_\_\_

What do you want to get out of this program: \_\_\_\_\_

What motivates you to do great work: \_\_\_\_\_

Where would you like to be in your career in 3-5 years? \_\_\_\_\_

How did you hear about HKPO's Veterans Academy? \_\_\_\_\_

Currently have a LinkedIn account? If yes, provide link: \_\_\_\_\_

Do you currently hold a security clearance? If so, what level\*: \_\_\_\_\_

*\* HKPO will occasionally work on contracts that require a security clearance.*

What is the date of your end of obligated service in your service branch? \_\_\_\_\_

What is the highest level of degree achieved (Associates/Bachelors/Masters/Doctorate?) \_\_\_\_\_

How many months of project management experience do you have within the last 8 years? \_\_\_\_\_

By signing below, you agree to fulfill the participant expectations as prescribed above and understand that failure to do so will result in the termination of program participation and your return to your parent command for continuation of military duty.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_